

**THE ROLE OF AN UNCONDITIONAL SOCIAL CASH TRANSFER  
INTERVENTION IN STRENGTHENING OR WEAKENING SOCIAL  
CAPITAL: A CASE STUDY OF GOROMONZI AND EPWORTH IN  
ZIMBABWE**

by

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submitted in accordance with the requirements for  
the degree of

**Doctor of Philosophy**

in the subject

**Development Studies**

at the

**UNIVERSITY OF SOUTH AFRICA**

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**15 NOVEMBER 2017**

## DECLARATION

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I declare that **THE ROLE OF AN UNCONDITIONAL SOCIAL CASH TRANSFER INTERVENTION IN STRENGTHENING OR WEAKENING SOCIAL CAPITAL: A CASE STUDY OF GOROMONZI AND EPWORTH IN ZIMBABWE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I have not previously submitted this work, or part of it, for examination at UNISA for another qualification or any other higher education institution.

\_\_\_\_\_  
SIGNATURE

**15 November 2017**  
DATE

## ACKNOWLEDGEMENTS

I would like to express my special gratitude to the following people, organisations, and Government of Zimbabwe for their support during my work on this thesis. Undertaking this PhD study has been a truly rewarding and life-changing experience for me.

**Professor Vusi Gumede** for his attentive supervision, expert guidance and advice throughout the preparation of this thesis. Without his helpful and constructive comments and criticism of draft chapters and versions of this thesis, I would not have completed this PhD journey. It was a pleasure working with him.

**UNISA librarians** for expeditiously processing my requests for literature materials throughout the entire period of my study.

**Ministry of Public Service, Labour and Social Welfare** (National Office) for the permission and opportunity to conduct research on the Harmonised Social Cash Transfer (HSCT).

**Department of Social Services Officers** who participated in the study as key informants. Thank you for your time and insights.

**Goromonzi and Harare District Social Services Offices** for facilitating my entry in to the two study communities.

**UNICEF Zimbabwe officials** who participated in the study as key informants.

**HSCT beneficiaries** who were involved in this study. Your incredibly useful information and insights, precious time commitment, cooperation and patience helped me complete this work.

**Ward Child Protection Committee members (CPC) and HSCT focal persons** from Goromonzi and Epworth districts. I am truly grateful for your participation in the study. You are experts in what you do and your work on the HSCT is exemplary and appreciated.

**Community leaders from Epworth and Goromonzi districts** for your participation in the study.

**The team of three amazing research assistants: Innocent, Norma and Precious** with whom I had fun and spent considerable time in the field. It was a wonderful experience working with you all. Let's do it again in the future!

My sincere thanks also go to all **my relatives, friends and others** who in one way or another shared their support and encouragement with me.

A very big thank you and heartfelt appreciation to **my wife Getrude and our daughters Tawananyasha and Tinevimbo** for their understanding, moral support and encouragement throughout the period of my study. It would not have been a smooth study without their support. I dedicate this thesis to them.

Above all, to the good Lord for planting in me the wisdom, commitment and unwavering determination to pursue and successfully complete this PhD. You let me through the difficulty of balancing study, work and family over these past several years.

## SUMMARY

Social cash transfers (SCTs) are part of social protection instruments aimed at reducing poverty and vulnerability. SCTs are among the most evaluated social protection interventions. Most designs and much of the current evidence give limited attention to effects of SCTs on social capital. Greater attention has been devoted to economic and human capital outcomes. The purpose of this study was to explore and analyse the effects of Zimbabwe's Harmonised Social Cash Transfer (HSCT) on social capital in a rural and a peri-urban settlement. To achieve this, the study first identified and analysed design and operational features of the HSCT. The analysis drew from the perspectives and experiences of beneficiaries and other stakeholders.

The study was based on a mixed methods design. The theoretical framework was informed by social capital and social network theories.

The results confirm and in other cases contradict findings from previous research, and there are areas where new insights were found. The results indicate that HSCT's features particularly targeting and selection methods, complementary services and the payment method have effects on social capital.

Additionally, findings indicate that the HSCT affected a diverse set of social relations with positive effects on bonding and linking social capital. There are positive psychosocial effects, limited evidence on bridging social capital, and inconclusive results on collective action. The HSCT seems to strengthen trust between beneficiaries but has negative effects on social relations between beneficiaries and non-beneficiaries. Social networks created through the HSCT are exclusionary. There were isolated cases of domestic violence in some households. The HSCT has unintended effects particularly the exclusion of some beneficiary households from access to other benefits; women's empowerment; and social and economic risks to beneficiaries.

Evidence from this study confirms that unconditional cash transfers go well beyond their primary goal of consumption smoothing, and have positive and

negative effects on social capital. This provides a strong case for the design and implementation of SCTs to embed explicit objectives and strategies that promote the strengthening of social capital. There is greater need for collaborative efforts between economists, sociologists and anthropologists in the design and analysis of SCTs.

**Key words:**

**Harmonised Social Cash Transfer; targeting; payment method; beneficiary; household; social relations; social capital; exclusion; trust; social network.**

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## LIST OF ACRONYMS

ADP	Area Development Programme
AIDS	Acquired Immune Deficiency Syndrome
AIAS	African Institute for Agrarian Studies
AIR	American Institutes of Research
AMTOS	Assisted Medical Treatment Orders
ATM	Automated Teller Machine
AU	African Union
BEAM	Basic Education Assistance Module
BLT	Indonesia's Bantuan Langsung Tunai Cash Transfer Programme
BSAC	British South Africa Company
CCI	Complementary Community Investments
CCT	Conditional Cash Transfer
CGP	Child Grants Programme
CIT	Cash in Transit
COPE	In Care of the People
CPF	Child Protection Fund
CPO	Central Programme Office
CPC	Child Protection Committee
CRC	Convention on the Rights of the Child
CT	Cash Transfer
CT-OVC	Cash Transfer to Orphans and Vulnerable Children
CWAC	Community Welfare Assistance Committee
DFID	United Kingdom's Department for International Development
DSHTZ	Dialogue on Shelter for the Homeless Trust in Zimbabwe
DSS	Department of Social Services
DSSO	District Social Services Officer
DSTV	Digital Satellite Television
DWAC	District Welfare Assistance Committee
ELB	Epworth Local Board

ESAP	Economic Structural Adjustment Programme
FAO	Food and Agriculture Organisation of the United Nations
FDI	Foreign Direct Investment
FGD	Focus Group Discussion
FNC	Food and Nutrition Council
FPL	Food Poverty Line
FSP	Food Security Programme
FTLRP	Fast Track Land Reform Programme
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GNH	Gross National Happiness
GNP	Gross National Product
GoZ	Government of Zimbabwe
GPA	Global Political Agreement
GTZ	German Agency for Technical Cooperation
GWP	Gallup World Poll
HABP	Household Asset Building Programme
HDI	Human Development Index
HDR	Human Development Report
HIV	Human Immune Virus
HSCT	Harmonised Social Cash Transfer
HSNP	Hunger Safety Net Programme
ID	Identification Document
IDS	Institute of Development Studies
ILO	International Labour Organisation
IMF	International Monetary Fund
ISL	Internal Savings and Lending
KII	Key Informant Interview
LEAP	Livelihoods Empowerment Against Poverty
MDC	Movement for Democratic Change
MIS	Management Information System
MOFED	Ministry of Finance and Economic Development
MOLSS	Ministry of Labour and Social Services
MOPSLSW	Ministry of Public Services, Labour and Social Welfare

NAP	National Action Plan
NGO	Non-Governmental Organisation
NSPP	National Social Protection Policy
OECD	Organisation of Economic Cooperation and Development
OPM	Oxford Policy Management
OVC	Orphans and other Vulnerable Children
PASS	Poverty Assessment Situation Survey
PEVR	Post-Election Violence Recovery
PICES	Poverty Income Consumption and Expenditure Survey
POTRAZ	Post and Telecommunications Regulatory Authority of Zimbabwe
PSNP	Productive Safety Net Programme
PSNP4	Productive Safety Net Programme phase 4
PSSO	Provincial Social Services Officer
PtoP	From Protection to Production
PWAS	Public Welfare Assistance Scheme
RBF	Results-Based Financing
RBZ	Reserve Bank of Zimbabwe
SADC	Southern African Development Community
SASSA	South Africa Social Security Agency
SCT	Social Cash Transfer
SDC	Swiss Agency for Development Cooperation
SDG	Sustainable Development Goals
SIDA	Swedish International Development Agency
SPSS	Statistical Package for Social Sciences
STERP	Short-Term Emergency Recovery Programme
STP	Social Transfers Policy
SWLS	Satisfaction With Life Scale
TCPL	Total Consumption Poverty Line
UCT	Unconditional Cash Transfer
UDHR	United Nations Declaration of Human Rights
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS

UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
USA	United States of America
USD	United States Dollar
VUP	Vision 2020 Umurenga Programme
WAAC	Ward AIDS Action Committee
WB	World Bank
WCPC	Ward Child Protection Committee
WFP	World Food Programme
WHO	World Health Organisation
ZANU PF	Zimbabwe African National Union Patriotic Front
ZIDERA	Zimbabwe Democracy and Economic Recovery Act
ZIM ASSET	Zimbabwe Agenda for Sustainable Socio-Economic Transformation
ZimVAC	Zimbabwe Vulnerability Assessment Committee
ZIMPREST	Zimbabwe Programme for Economic and Social Transformation
ZIMSTAT	Zimbabwe National Statistics Agency
ZIMVAC	Zimbabwe Vulnerability Assessment Committee
ZINATHA	Zimbabwe National Association of Traditional Healers

# **CHAPTER 1:**

## **INTRODUCTION**

### **1.1 Introduction**

This chapter sets the scene for the study that was undertaken; providing an account of development issues and challenges in Zimbabwe. A comprehensive review of contextual information surrounding and influencing the study is also presented. Many issues related to people's well-being, socio-economic and political conditions in Zimbabwe are presented. The issues combine to give a panoramic view, and useful background for understanding the context and rationale for social protection policy and cash transfer instruments in Zimbabwe.

The nature of the research is outlined. The main problems that influence the research are formulated into a coherent statement that leads logically to the definition of the overarching aim of the research. The chapter then provides the specific objectives, research questions, importance of the study, and demarcation of the research. The chapter concludes with an outline of thesis and chapter contents.

### **1.2 Socio-economic context**

Poverty, Human Immune Virus and Acquired Immune Deficiency Syndrome (HIV and AIDS), climate-related shocks, decline of key economic and social indicators, food insecurity, political instability, the state's inability to deliver the efficient and equitable public goods and basic services, and weak governance and public policy inconsistencies have all interacted with one another, creating intricate patterns of reinforcing hardships in Zimbabwean communities.

Zimbabwe experienced a protracted economic decline between 2000 and 2008, which negatively affected all the sectors of the economy, politics and social dimension of the country. Hyperinflation, limited national fiscal space, rapid de-industrialisation, high rates of unemployment, informality of

employment, migration of professional skills, reduced agricultural productivity, political polarisation and significant increase in social welfare cases characterised the period between 2000 and 2010.

### **1.2.1 Demographics**

According to the 2012 official national population census done by the Zimbabwe National Statistics Agency (ZimStat), the total population of Zimbabwe was estimated as 13,061,239 people with a sex ratio of 93 males per every 100 females. Forty-one percent of the population are below the age of 15 years and 55 percent are between the ages of 15 and 64 while just four percent are above the age of 65 years (ZimStat 2012:11). This makes for a population pyramid typical in many developing countries – one with a broad base and a narrow summit, signifying a young population. There were 3,059,016 private households with an average of 4 persons in each household (ibid.).

According to Magaisa (2016:2), the figures on the number of Zimbabweans living and working outside the country, commonly referred to as “Zimbabweans living in the diaspora,” are a subject of speculative estimation as no official scientific study has been done. Consequently, a significant number of Zimbabweans outside the country is undocumented. However, it is known that a large number of Zimbabweans began to leave the country at the turn of the Millennium, when the country began to experience signs of political and economic crises. By far the largest number of Zimbabweans outside the country lives and works in South Africa, with Botswana and Namibia also hosting a fair percentage among host countries in Southern Africa. Overseas, most Zimbabweans settled in the United Kingdom, Canada, Australia and the United States of America (ibid., 3). Zimbabwean migrants are in two categories – economic migrants who left the country in search of better income and economic opportunities, and political refugees who have sought asylum in host countries (ibid.).

The ZimStat carries out Poverty, Income, Consumption and Expenditure Surveys (PICES) every five years. The latest relevant data available from the

2011/12 PICES report show that 68.3 percent of the population resides in rural areas while 31.7 percent of the population is found in the urban areas. Zimbabwe is therefore predominantly rural. PICES finds that Zimbabwe has a young population, with the proportion of children under 15 years being around 42 percent, while the proportion of individuals of age 65 and older is 4.3 per cent. Households in rural areas are larger (4.7 persons) than in urban areas (4 persons). In rural areas, households with more than 5 persons were found to be 50.5 percent compared to 33.5 per cent in urban areas. Most households in Zimbabwe are headed by males with 65 per cent while 35 per cent are female-headed (ZimStat 2013a:18-22).

### **1.2.2 Orphanhood prevalence**

Orphanhood is prevalent in Zimbabwe with 19.3 per cent of the children aged 0-17 years being orphans. There are more orphans living in rural areas (12.4 per cent) compared to 6.9 per cent in urban areas. (ibid., 30). The Zimbabwe Vulnerability Assessment Committee (ZimVAC) is a consortium of Government, United Nations (UN) agencies, Non-Governmental Organisations (NGOs) and other international organisations and was established in 2002. Its mandate is to conduct annual rural livelihoods assessments, which are part of a comprehensive information system that informs government and its development partners on programming necessary for saving lives and strengthening rural livelihoods in Zimbabwe. ZimVAC (2015:14) finds that 22 percent of households had at least one orphan. The report recommends that “interventions for households with orphans and vulnerable children need to be scaled-up as the assessment has shown a strong relationship between non- [school] attendance and the presence of vulnerability characteristics in the household” (ibid., 117).

### **1.2.3 Poverty and extreme poverty**

Poverty is one of the major developmental challenges affecting Zimbabwe. Indices of poverty show that prevalence, depth and severity of rural poverty are much worse than those of urban poverty. In 2011-2012 about 72.3 percent of Zimbabweans were poor and 22.5 percent were extremely poor

(ZimStat 2013b:44). Poverty is more prevalent in rural Zimbabwe at 84.3 percent (ibid.). The poverty prevalence rate of people residing in urban areas is 46.5 percent (ibid.). Extreme poverty is relatively low in urban areas at 5.6 percent in contrast to rural areas where about 30.4 percent of the populace is extremely poor (ibid.). The prevalence of household poverty shows a similar pattern between rural and urban areas. About 4 percent of urban households are extremely poor, that is, they are below the lower food poverty line (ibid.). This indicates a low prevalence of extremely poor households in urban areas. In rural areas, 22.9 percent of households are extremely poor (Table 1.1), that is, they lack enough resources to meet their minimum food needs (ibid.).

**Table 1.1: Poverty by place of residence, 2011-2012**

<b>Residence</b>	<b>Prevalence (%) of</b>		<b>Poverty Indices</b>	
	<b>Poverty</b>	<b>Extreme Poverty</b>	<b>Poverty Gap Index</b>	<b>Poverty Severity Index</b>
<b>Households</b>				
Rural	76	22.9	36.1	20.6
Urban	38.2	4.0	12.3	5.6
All Zimbabwe	62.6	16.2	27.7	15.2
<b>People</b>				
Rural	84.3	30.4	42.8	25.4
Urban	46.5	5.6	15.5	7.2
All Zimbabwe	72.3	22.5	34.1	19.6

Source: (ZimStat 2013b:44)

Incidence of poverty in Zimbabwe is also high when analysed according to asset ownership, employment and income sources, housing living conditions and food security measures. The poverty in Zimbabwe also has a gender dimension. ZimStat (2013b:53) found that: “the highest prevalence of poverty of 68.9 per cent is observed in female-headed widowed households compared to 54.7 per cent for male-headed widowed households.”

Human development refers to the general well-being of society or the quality of life for a particular society (Gumede 2016:27). The Human Development Index (HDI) measures human development as a composite indicator consisting of per capita income, life expectancy, and literacy (ibid.). Clark (2002:18) argues that if these three key choices are not available, then many other options to expand human capabilities are not likely to be accessible as



well. The HDI is used by the UN to rank countries in terms of their human development. The index ranges from 0 to 1, with countries below 0.5 classified as being in the low human development category, and countries with an index of greater than 0.8 classified as high human development countries. Thus, the low the HDI, by implication, the low is the quality of life because the HDI takes in to account levels of educational attainment, access to health care and the levels of per capita incomes (Gumede 2017:6). The HDI has its shortcomings. While it has been modified and improved since 1990, and provides a much wider, richer and deeper conception of development, than any single indicator, “it remains conceptually weak” (Kelley; Srinivasan; and Streeten cited in Clark 2002:18). Key points of criticism are that: (1) the weights attached to the three core indicators are necessarily arbitrary; (2) the index only provides a relative estimate of how well a certain country is doing in relation to the performance of other countries; and (3) the HDI is an average and therefore says nothing about inequality between the rich and poor, men and women or urban and rural people (ibid.). Gumede (2017:6) makes a similar point arguing that “...the index [HDI] itself is debatable, as to what it exactly means or measures.” Despite the HDI’s shortcomings, it still gives a sense of overall general wellbeing of a society or region (ibid.).

The UNDP’s 2016 Human Development Report (2016a:204) shows that Zimbabwe’s HDI value for 2015 is 0.516 with men having a higher HDI of 0.535 than women with 0.496. The HDI value of 0.516 is in the low human development category and places the country at number 154 out of 188 countries and ranked territories. The HDI value of 0.516 is marginally above the average of 0.497 for countries in the low human development category, but below the average of 0.523 for countries in Sub-Saharan Africa (UNDP 2016b:4). From Sub-Saharan Africa, countries which are close to Zimbabwe in 2015 HDI rank are Lesotho and Kenya, which have HDI rankings of 160 and 146 respectively. The low human development category has 41 countries and territories, and includes Nepal, Swaziland, Lesotho, Uganda, Gambia and Yemen.

The trend of Zimbabwe's HDI values between 2000 and 2015 shows that the HDI values have remained in the low human development category and below the average values for countries in Sub-Saharan Africa. Between 2000 and 2015, Zimbabwe's HDI value increased from 0.427 to 0.516 and this represents an increase of 20.8 percent. (UNDP 2016b:2).

The HDI values show that on the outlook Zimbabwe continues to face significant challenges in reducing poverty and that significant improvements are needed in Zimbabwe's three dimensions of human development – a long and healthy life, knowledge and a decent standard of living. Zimbabwe has some human development work to do if it is to catch up with South Africa, and “two so-called developmental states in Africa” Mauritius and Botswana (Gumede 2016:27). Human development as quantified by the HDI is doing well in these 3 countries. Between 2000 and 2011 HDI values increased from: 0.616 to 0.619 for South Africa, 0.585 to 0.633 for Botswana, and 0.672 to 0.728 for Mauritius (ibid., 46).

#### **1.2.4 HIV and AIDS**

Zimbabwe has recorded a decline in adult HIV prevalence among women and men age 15-49 yet it still has one of the largest and most sustained HIV epidemics globally (Pascoe, Langhaug, Mavhu, Hargreaves, Jaffar, Hayes & Cowan 2015:2). The adult HIV prevalence shows a declining trend and is now plateauing. According to the 2015 Zimbabwe Demographic Health Survey (ZDHS) report, HIV prevalence among women and men age 15-49 decreased from 18.1 percent in the 2005-06 ZDHS, to 15.2 percent in the 2010-11 ZDHS, and more recently to 13.8 percent in the 2015 ZDHS (ZimStat and ICF International 2016:273). Despite the decline, Zimbabwe still has one of the highest adult HIV prevalence rates in the world in generally, and in Southern Africa, region which is at the epicentre of the global epidemic (Pascoe et al. 2015:1; and UNDP 2008:11).

ZimStat and ICF International attribute the decrease in HIV prevalence among women and men age 15-49 to a change in population over time. Some of the decrease between the 2010-11 ZDHS and the 2015 ZDHS is attributable to a

change in the HIV testing algorithm between the two surveys (ibid.). In addition, ZimStat urges caution in the interpretation of the ZDHS prevalence findings for two reasons: (1) an ageing HIV epidemic, and (2) the findings do no account for a potential increase in HIV prevalence among the population age 50 and older (ibid.). However, UNAIDS (2016:6) attributes the general decline in Zimbabwe's HIV prevalence rate to the effects of national prevention efforts aimed at sexual behaviour change, prevention of mother to child transmission services, and effective treatment care and support services. Pascoe *et al.* (2015:2) concur with UNAIDS by suggesting that the significant decline in HIV prevalence is driven in part by behaviour change.

The decline in the prevalence trend has in part contributed to an increase in average life expectancy at birth. According to ZimStat (2012:13) average life expectancy at birth is 58 years. The UNDP (2008:11) estimates that life expectancy was 39 years in 2003.

The epidemic has registered a huge reversal of fortunes for many children, households and communities in Zimbabwe. It has led to social, economic and psychological effects that combine to increase the vulnerability of children and families. The high mortality rate related to HIV among Zimbabweans aged 15-49 years has increased the dependency ratio and left approximately 25 percent of children orphans. (UN 2014:77). The orphans are in most cases cared for by the elderly hence the term 'missing generation' in those households.

In addition, HIV and AIDS has had a significant effect on the composition of the labour force in terms of age, skills and experience, with the productive age group 15-49 years, the most affected. The epidemic has profound adverse effects on the economy, workforce, businesses and the infected and affected individuals and their families (UNDP 2008:107). In this regard, HIV and AIDS is one of the key drivers of poverty in Zimbabwe. The reverse is also true and it's supported by empirical evidence. Pascoe *et al.* (2015:16) find that poor young rural women in Zimbabwe, particularly those who lack access to adequate food and those with lower educational attainment levels, faced an increased risk of HIV infection and are likely to remain exposed to that risk

given that many of these risk factors continue to be prevalent in Zimbabwe. The authors conclude that “poverty is associated with many factors that drive and influence HIV risk behaviours” (ibid.).

### **1.2.5 Food insecurity**

The food security situation in Zimbabwe is influenced by food crop production and household incomes. The Fast Track Land Reform (FTLR) programme is an important factor whose outcomes include shifts in agricultural performance and food production. The effects of the FTLRP on food production are discussed in detail under the land reform section in this chapter. Zimbabwe’s agriculture is highly dependent on rainfall. Rainfall season quality as determined by the duration of the season, amount of rainfall received, and temporal and spatial distribution, has a significant influence on crop production. Food insecurity remains high in the country and has negative implications for human capital development.

Agriculture productivity is declining on all crops especially grains, thus, worsening the food security situation, malnutrition and increasing in poverty. During the peak hunger period between January and March 2016 of the 2015-2016 consumption year, a total of 1,490,024 were projected to be food-insecure in Zimbabwe and this represents a 163 percent increase compared to the 2014-2015 consumption year. Sixteen percent of the rural population (about 1,405,000 people) were projected to be food insecure during the same period (ZimVAC: 2015:95).

An exogenous variable affecting food crop production is the recurrent droughts caused by climate change. Most of the communal and resettlement farmers depend significantly on natural rainfall for food crop production and this puts the farmers at high risk of droughts and vulnerability to hunger. The climate change phenomenon requires that farmers reduce dependence on rain-fed agriculture as it has become erratic and unpredictable. They need to shift to alternative water sources such irrigation or use of different farming methods. Fighting poverty through agriculture production requires Zimbabwe to address these challenges to enable households to be food secure.

The average household income decreased from \$111 in April 2014 to \$86 in April 2015. This trend is consistent with the economic decline in the country especially the downturn in the productivity of the agricultural sector, a primary source of income for most rural households who depend on communal farming activities. Rural households' incomes are generally low, highly variable, and dependent on rainfall patterns and availability of casual labour (ibid., 118). According to the Food and Nutrition Council (2014:30), Jayne and Chisvo point out that "inadequate purchasing power among the poor is often cited as the reason why food insecurity can persist amidst food abundance." In the 2014-2015 consumption year the better household food security situation was partly influenced by the household purchasing power in terms of the amount of maize grain the household could purchase from the average household income. The price of maize grain, Zimbabwe's staple food crop, was also stable during the consumption year. The 2014-2015 consumption year had better household purchasing power than previous years and this buttressed the low levels of food insecurity during 2014-2015 (ibid.).

The food insecurity trends have remained relatively the same over the past three years. Mashonaland provinces have the least proportion of food insecure compared to the Matabeleland provinces which have the highest proportion of the food insecure rural population (ZimVAC 2015:98).

The prevalence of food insecurity amongst other variables is correlated with child malnutrition and stunted growth. Chronic malnutrition among the under-fives remains a major health problem in Zimbabwe. On a population basis, high levels of chronic malnutrition are reflection of poor socio-economic conditions including food insecurity. According to ZimStat and ICF International (2012:141) between 2010 and 2011, 32 percent of children in Zimbabwe were stunted, 3 percent wasted, and 10 percent underweight. Rates of stunting, wasting and underweight were higher among rural than urban children (ibid.). The ZimVAC (2015:72) finds that 3.3 percent of the children in the 6-59 months category had acute malnutrition and 2.3 percent had severe acute malnutrition. The number of meals consumed by children aged 24-59 months "to support optimal growth and good health is at least 4

meals a day of a diverse and nutrient-dense diet constituted from animal source foods, pulses, fruits and vegetables and energy giving foods” (ibid., 74).

### **1.2.6 Labour market challenges**

Unemployment, underemployment and poor remuneration are factors that contribute to poverty, extreme poverty and vulnerability in Zimbabwe. Rural poverty in Zimbabwe is primarily a challenge of underemployment and low agriculture productivity. About 84.1 percent of the economically active population in rural areas work either as communal and resettlement farmers or as unpaid family workers (ZimStat 2013b:73). They are not classified as unemployed. The economic activities found in rural areas of Zimbabwe are most likely to be associated with high levels of poverty. This is because households in communal lands are not generating adequate incomes to cover consumption expenditures, investments in assets and livestock, and savings. Only 7 percent of the economically active poor people in rural areas are permanent paid employees (ibid.). The ZimStat (2013b:74) finds that “households headed by a communal/resettlement farmer have the highest prevalence of poverty at 83 percent compared to other heads of households across land use sectors .... It has also been established that households headed by members in the other main economic activity such as a retired person in rural areas, are more likely to be poor in all land use areas due to lack of a sustainable source of income.” The 2011 Labour Force Survey finds that unemployment rates in rural areas are 2 percent for males and 4.7 percent for females, 7.8 percent for female youth, and 3 percent for male youth.

The ZimVAC (2015:15) makes a finding that has important implications on livelihood strategies for households in rural areas: “A total of 59 [percent] of the households reported having inadequate labour from household members for normal agricultural activities.” These households are as a result unable to reach their agricultural potential. This may result in households engaging in risky coping mechanisms such as selling assets and livestock. Twenty

percent of the households surveyed reported having hired labour in the 2014-2015 agricultural seasons (ibid.).

The labour market dynamics in urban areas of Zimbabwe exhibit peculiar characteristics including differences in the composition of employment. The economy is fragile and growth is stagnant. A challenging business investment climate with limited Foreign Direct Investment (FDI) flows, lack of competitiveness, power shortages, public and private sector corruption, and inconsistent policies are binding constraints to inclusive growth and employment creation. Formal employment has declined, displacing once formal and permanently employed workers into the insecure informal sector. The economic activities in urban and rural areas of Zimbabwe now include unregulated street vending, and artisanal mining. Labour costs are relatively high due to volatility of the multiple currency system used in Zimbabwe with the dominant currencies being the United States dollar and the South African rand. Underlying social inequalities such as gendered roles and occupations limit the economic participation of women and youth.

The 2014 Labour Force Survey provides two definitions of unemployment: “strict” and broad”. The “strict” definition refers to “a person [of] 15 years and above who, during the reference period, was without work, available for work and was actively seeking for work.” The “broad” definition of unemployment is similar to the “strict” definition but takes away the condition of actively seeking for work (ZimStat 2015b:134). The survey results show that the broad unemployment rates (7.3 percent for males and 14.9 percent for females) were higher than the strict unemployment rate (4.4 percent for males and 5.2 percent for females). The overall broad unemployment rate increased from 10.7 percent in 2011 to 11.3 percent in 2014 (ibid.). The data further shows that unemployment rates are higher in urban than rural areas.

Zimbabwe has a high youth unemployment rate. Unemployed youths aged 15-34 years constitute a very high proportion (77.3 percent) of the total unemployed persons, with almost similar patterns for young females and males (ibid., 143). At the national level, the current broad youth unemployment rate for youth aged 15-34 years is 15.3 percent, with young females having a

higher rate of 20.4 percent than young men with 9.8 percent, in 2014 (ibid., 178). Youth unemployment is a major issue of developmental concern for two major reasons: (1) the country losing out on its demographic dividend in development, and (2) youth unemployment can cause social upheavals of various forms.

Informality of employment is very high in Zimbabwe. The proportion of the total employed population aged 15 years and above in informal employment in Zimbabwe increased from 84.2 percent in 2011 to 94.5 percent in 2014 (ZimStat 2015b:82). In May 2014, of the 1.5 million paid employees, around 1.4 million (93.3 percent) were in informal employment (ibid., 84). There is also a large informal sector employing around 13.7 percent of all employed persons (859 060 persons), with 52.5 percent of them being women (ibid., 86). A very high proportion (85.9 percent) of those currently employed in the informal sector were unskilled, with 54.4 percent of the unskilled being women (ibid., 100).

Importantly, the informal sector workers do not have access to protective or preventive social protection mechanisms, for example, social insurance schemes through the workplace. These schemes are absent because the employment arrangements are informal. ZimStat (2013b:57) finds that households headed by an informal sector worker are likely to be poor in both rural and urban areas. This is explained by higher physical and income mobility. The availability of short term economic and income opportunities means that poor urban labourers tend to seize opportunities over multiple informal activities, locations and within shorter timeframes.

Poor remuneration is a contributing factor to poverty and vulnerability in Zimbabwe. The poverty datum lines (PDLs) represent the cost of a given standard living that must be attained if a person is to be deemed not poor. There are two measures of standards of living: the Food Poverty Line (FPL) and the Total Consumption Poverty Line (TCPL). The FPL represents the minimum consumption expenditure necessary to ensure that each individual can (if all expenditure were devoted to food) consume a minimum food basket representing 2,100 kilocalories. An individual whose total consumption



expenditure does not exceed the food poverty line is deemed to be very poor. The Labour Force Survey shows that in May 2014, the FPL for a person was US\$31.70, indicating that about 33 percent of the paid employees were below the FPL thus deemed to be very poor. The TCPL calculates the non-food consumption expenditure of poor households whose consumption expenditure is just equal to the FPL. This amount is added to the FPL. An individual whose total consumption expenditure does not exceed the total consumption poverty line is deemed to be poor. The estimated TCPL per person per month in May 2014 was about US\$102, indicating that around 58 percent of the employed population received an income less than the TCPL (ZimStat 2015b:58). The average household size in Zimbabwe was estimated in 2014 to be 5 persons. The FPL and TCPL for a household in May 2014 was US\$158.48 and US\$507.97 respectively. The percentage of the paid employees who received an income above the FPL and TCPL for a five-person household was 42 and 4.1 respectively (ibid., 59).

### **1.2.7 Gender and happiness**

The data from the 2015 Human Development Report shows that Zimbabwe is still experiencing high levels of gender inequality, with a Gender Inequality Index (GII) of 0.504, ranking 112 out of 155 countries in the 2014 index (UNDP 2015b:5). High rates of violence against women and girls are of great concern in Zimbabwe. According to the 2009 Global Peace Index report, 80 per cent of all people murdered in Zimbabwe in 2009 were women. The 2015 ZDHS shows that 39 per cent of women in Zimbabwe have experienced physical or sexual violence, whether it was physical only (26 per cent), sexual only (5 per cent), or both physical and sexual (9 per cent) at some point in their lives. In addition, 6 per cent of women who have ever been pregnant reported that they experienced violence during one or more of their pregnancies. The prevalence of violence during pregnancy varies little by urban-rural residence but shows greater variation by province (ZimStat & ICF International 2016:319-320). Overall, the aggregated cost of gender-based violence (GBV) to Zimbabwe in 2009, including direct and multiplier costs was estimated at US\$2 billion (SIDA 2010:15). The 2015 ZDHS findings on GBV

suggest that significant work remains to be done if women are to be protected against all forms of violence. It is acknowledged that the effects of GBV in Zimbabwe go beyond human rights concerns but also include economic and health concerns (ZimStat & ICF International 2016:315).

Happiness is increasingly considered a measure of social progress and a goal of public policy. The goal of governments should be to foster the happiness of citizens, and especially to reduce misery. Governments are increasingly measuring the subjective well-being of their countries' populations. Measuring happiness enables citizens and policy-makers to know their problems and opportunities. Happiness data could be linked to human development information, for example, health, education, food security and nutrition, and poverty reduction. The United States' Founding Fathers recognised the inalienable right to the pursuit of happiness while Bhutan has famously adopted the goal of Gross National Happiness (GNH) rather than GNP. Bhutan's GNH index is ground-breaking as it is the first of its kind globally. China champions the goal of a harmonious society (Sachs 2012:6) The United Arab Emirates has made happiness and well-being a central tenet of the design and delivery of its National Agenda. It seeks "to be the happiest of all nations". The Dubai Plan 2021 describes the vision for Dubai as "a city of happy, creative and empowered people..." (Helliwell *et al.* 2015:4). The World Happiness Report (2015) uses measures of "subjective well-being" to define "happiness". According to Helliwell, Huang and Wang (2015:15) the Organisation of Economic Cooperation and Development (OECD) states that "subjective well-being encompasses three different aspects: cognitive evaluations of one's life, positive emotions (joy, pride), and negative ones (pain, anger and worry)." The Gallup World Poll (GWP) contains measures of positive and negative affect as well as life evaluations. The GWP data is derived from population-based samples across countries and it provides far greater coverage than is currently available from any other source. In the GWP, respondents (aged 15 or over) are asked to evaluate the quality of their lives on an 11-point ladder scale running from 0 to 10 with 0 being the worst possible life for them and 10 being the best possible. Positive and negative affect unlike life evaluations, are measured on a 0 to 1 scale. Life evaluations,

positive and negative affect are explained in terms of six key variables: GDP per capita, social support, healthy life expectancy, freedom to make life choices, generosity, and freedom from corruption. For example, household income and healthy life expectancy have significant effects on life evaluations. Negative emotions are significantly reduced by social support, freedom and absence of corruption (Helliwell, Huang & Wang 2015:21).

Data from the 2012-2014 GWP country happiness rankings positions Zimbabwe at 115 out of 158 ranked countries. The country's average ladder score is 4.610. The four top-ranked countries are Switzerland, Iceland, Denmark and Norway – all in Europe. The least happy countries are all poor countries in Sub-Saharan Africa. Zimbabwe's average score is slightly higher than the 10 countries with the lowest average ladder scores. All the 10 countries have averages below 3.7. Eight of the 10 countries are in Sub-Saharan Africa while two are conflict-affected countries, Syria and Afghanistan (ibid., 29). Zimbabwe's average ladder score of 4.610 is explained by income inequalities; high levels of unemployment; the population's worries about constraints to healthy life expectancy; limited social, economic and political freedom and space to make life choices; low levels of generosity (for example donations to charity), and perceptions of corruption. Social support, defined as "having someone (friends or relatives) to count on in times of trouble" is the only variable contributing a high score to Zimbabwe's average ladder score. The data suggest that while Zimbabwe may be economically poor, the country has strong social relations and networks between citizens (family, friends and community) – key components of social capital.

### **1.3 Political context**

The political space in Zimbabwe is highly contested. One political party, the Zimbabwe African National Union Patriotic Front (Zanu PF) has been dominating power since independence in 1980. This of course, has been through the agency of regular national elections as required by the constitution. In the first 15 years following independence, that is, from 1980 to 1995, the Government of Zimbabwe successfully provided social services

such as education, housing, health care, relatively higher wages and a better working environment to its population mainly the black majority, who had been previously underserved during the colonial period. Despite these achievements, there remained multifaceted underlying social, political and economic problems that would eventually produce a national crisis from 1995 to 2008. The period between 1995 and 2008 was characterised by significant political unrest and controversial policy choices which led to hyperinflation, de-industrialisation, high unemployment, large-scale emigration and migration associated with loss of human capital skills mainly to Western countries and Southern African region countries particularly to South Africa, Namibia, Zambia and Mozambique. The period was also characterised by a weak balance of payment position, decline in agriculture productivity and food insecurity associated with the controversial land reform process. Of the above-mentioned challenges, the Economic Structural Adjustment Programme (ESAP), land issue, and a clean-up operation referred to as Operation Restore Order, were the most significant, and politically controversial. The land reform process described as fast track land reform programme was the most profound as it had been the biggest single motivational factor behind the war of liberation.

### **1.3.1 Economic Structural Adjustment Programme**

According to Magaisa (2016:10) the acceptance and introduction of the International Monetary Fund and the World Bank-driven ESAP model represented a major political decision, and economic policy shift by the Zanu PF government. The ESAP required a lot that went against what a populist government preferred (ibid.). The ruling party had been known to pursue a pro-poor and socialist ideology Zimbabwe reluctantly adopted the “neo-liberal package of economic reforms” (ibid.) in 1991. The growth model was anchored on market-driven economic reforms, severe reduction in government expenditure on non-productive sectors social services sectors such as health and education. Other measures introduced through the ESAP growth model were: liberalisation of trade and investment; introducing a lean civil service through job retrenchments; devaluation of the local currency and

adoption of a market-determined rate of exchange; removal of subsidies on public goods and services; commercialisation and privatisation of state enterprises; and the removal of controls on prices of basic commodities and wages. At the heart of ESAP was a desire to change the composition of national output in favour of tradable and exportable goods. Rapid export growth was to become the means for a faster and economic growth take-off. The structural adjustment programme set an annual target of nine percent growth in exports for the period 1991-1995 (Kanyenze, Kondo, Chitambara & Martens 2011:452-453).

While the ESAP was considered successful in de-regulating the economy, and removing foreign trade and foreign exchange restrictions, it resulted in severe austerity measures imposed on the people of Zimbabwe. It led to massive labour force cuts of both skilled and unskilled, closure of manufacturing industries, and a deterioration of social services. According to (Manjengwa 2012:10) up to 60,000 people had lost their jobs because of retrenchments and company closures and labour unions reacted strongly against the neo-liberal economic policy; and standards of living declined with the introduction of user fees in the education and health sectors resulting in a significant drop in hospital and school attendance rates. Consequently, the intended economic stabilisation was not achieved. Rate of inflation increased, financial markets interest rates soared and a falling exchange rate and falling real Gross Domestic Product (GDP) meant Zimbabwe lost its place in the Southern Africa region as an emerging economic powerhouse, prosperous and stable country. Government fiscal and monetary targets were not met and the continuing budget deficits contributed to depressed economic growth rates in 1997 and 1998. The above factors combined to represent Zimbabwe's point of departure in terms of gradual but systemic decline of the formal economy and to the emergence of the informal sector particularly in urban and peri-urban areas of Zimbabwe.

One of the most important seminal effects of the ESAP was the creation of what Magaisa described as "a huge reservoir of discontent within the working class and students' communities [and civil society]." This marked the early

stages of the evolution of new forms of opposition against the government. The year 1998 started with chaotic scenes of food riots and demonstrations against government's economic policies, which were negatively affecting people's standards of living. According to Tekere (as cited in Manjengwa 2012:10), the United Nations Food and Agriculture Organisation (FAO) reported that ESAP had negatively affected the food security situation in Zimbabwe. As a result of the negative effects of the ESAP on the lives of ordinary Zimbabweans, the government discontinued the programme in the late 1990s, and replaced it with the Zimbabwe Programme for Economic and Social Transformation (ZIMPREST). The ZIMPREST aimed: "to provide the economy with a firm basis for sustainable growth, greater employment and equitable distribution of incomes (ZimStat 2013b:3). The development challenges brought about by the various economic reform programmes described above were followed by controversial land reforms which contributed to increased poverty and vulnerability. A discussion of Zimbabwe land reform follows.

### **1.3.2 Land reform**

The narrative of Zimbabwe's socio-economic and political context can never be complete without the Fast track Land Reform Programme (FTLRP) not least because it was the basis upon which the liberation struggle was fought in the 1970s; it completely radicalised the agrarian structure altering the nature of property rights and labour relations; it was characterised by policy contradictions; and the effects it had on livelihoods and social order in the newly created communities (Scoones et al. 2010:2, 234; Moyo & Chambati 2013:2-8; Matondi 2012:208). Magaisa (2016:2) characterised the FTLRP as a "land revolution" and contends that it was a process which had a fundamental effect on the economy and politics of Zimbabwe. A detailed description and analysis of the land reform process, outcomes and implications for the well-being of the people is provided below.

There is no single narrative of Zimbabwe's land reform. There has been a lot of academic research on Zimbabwe's land issue. The scholarly literature on the subject reveals competing narratives and a highly divided evidence base

on the success or failure of Zimbabwe's land reform programme. The key debates on the FTLRP are around contested interpretations of the motivation behind the radical land reform with the dominant literature suggesting that land question was an important rallying point for receding electoral support for Zanu PF (Magaisa 2016:15; and Marongwe, Zamchiya, Raftopolous, Scarnecchia *et al.* cited in Moyo & Chambati 2013:12). According to Moyo and Chambati (2013:13) citing Marongwe and Zamchiya, it has also been alleged that the beneficiaries of the FTLRP are largely politically-connected elites. Scoones *et al.* (2010:238) using field-based evidence challenged this "myth" by affirming that the beneficiaries of the FTLRP "were classified as a diverse 'ordinary' group...." However they also concede that some "politically-connected elites" indeed benefitted especially in the A2 farm schemes.

Moyo and Chambati (2013:13) citing Richardson; Campbell; and Bond state that by 2005, the debate had shifted to claims that agricultural performance and production had collapsed creating serious food insecurity. The basis for this was that the radical FTLRP was a failed agrarian policy that had replaced commercial farming with subsistence agriculture – a process Magaisa (2016:15) refers to as "ruralisation of commercial agricultural land." For these scholars, hunger and food shortages were inevitable outcomes from the "unstructured" and radical land reform. Field-based studies done by Scoones *et al.* (2010) counter this argument and instead paint a mixed picture of agricultural performance across different classes of new settlers, crop types and agricultural regions. Some of the arguments for the collapse of agricultural production as an outcome of the FTLRP ignore or at best give little attention exogenous factors such as the effects of economic crisis of the late 1990s and erratic rainfall patterns on agricultural production. They also mute significant changes in the manners in which the new farmers organised themselves to utilise land with their land use preferences not necessarily conforming to the preferences of the white former commercial farmers (Murisa 2013:251). Other important debates in the land reform discourse have focused on claims that there is no investment in the FTLRP resettlement areas, that the rural economy has collapsed (Scoones *et al.* 2010:239-240),

and that the agricultural labour regime had been transformed for the worst with significant unemployment outcomes (Chambati 2013).

It is instructive for the purpose of this study to acknowledge the major outcomes of the land reform in Zimbabwe. The outcomes contribute to the framing of the socio-economic and political context within which the HSCT programme is implemented, and why it is a necessary intervention partly on the basis of the adverse effects of the FTLRP in Zimbabwe.

The FTLRP radically altered Zimbabwe's agrarian structure (Scoones *et al.* 2010:3, Moyo cited in Chambati & Moyo 2013:8) with the institution of private ownership of agricultural land (property rights) having been dismantled and replaced by public ownership (Magaisa 2016:14). In 1980, 15 million hectares of prime agricultural land were in the hands of some 6,000 commercial farmers most of whom were white. Scoones *et al.* (2010:4) estimate that by 2010 there were only 3 million hectares of land (or 9 percent of total land area) remaining under large-scale commercial farms. This includes all large-scale commercial farms, agro-industrial estate farms, church and trust farms, farms under Bilateral Investment Promotion and Protection Agreements (BIPPA) owned by foreign nationals and multinational corporations, plantations and conservancies. According to Government of Zimbabwe quoted in Matondi (2012:56) by 2009 there were approximately 300 large white-owned commercial farms remaining in Zimbabwe. The FTLRP changed and expanded the agrarian base. The size of commercial farms was reduced through sub-divisions thereby increasing the number of commercial farmers through the A1 and A2 farming models. The tenure arrangements shifted from private ownership to public ownership through the 99-year leasehold format for A2 farmers and "offer letters" for A1 farmers. Moyo (2007:8) described the "offer letters" as "permissory forms of tenure".

Moyo and Chambati (2013:8) observe that land redistribution also increased access to farm infrastructures and natural resources which were previously dominated by a racial minority. Moyo and Nyoni cited in Moyo and Chambati (2013:9) argue that "[t]he overall outcome of the FTLRP has essentially been the constitution of a qualitatively different tri-modal agrarian structure, in which



various classes compete for control over land, land, water and natural resources, as well as for access to state support and influence over the regulation of markets.”

The other major agrarian outcomes of the FTLRP were major shifts in the agrarian structure, agricultural performance and production; changes to the agrarian labour structure, conditions and relations; and displacement of farm workers. The picture is highly differentiated on some of the outcomes. Matondi (2012:130) quoting the Reserve Bank of Zimbabwe; Richardson; and Moyo, states that agricultural performance declined significantly in the post-2000 settlement schemes. Majority of the FTLRP beneficiaries have not yet reached the expected production levels and have cited challenges of access to seed fertilisers, chemicals, equipment, support services and output markets.

Production trends for commodities such as maize, tobacco, beef, wheat, tea and coffee have remained at lowest levels and figures are not comparable to the situation before the FTLRP (Matondi 2012:131; and Moyo cited in Gumede 2014:56). As Matondi (2012:131) observes, there are highly differentiated views as to the factors that account for the decline in agricultural performance. One group of authors attributes the decline of performance “to the sabotage of the programme by the white farmers (and a mostly white-controlled industrial sector), as well as to restrictive measures and or sanctions imposed [on Zimbabwe] by the international community especially on the balance-of-payments support that affected the economy in general” (ibid.).

A second group of writers advances the principal argument that “it was a disabling environment permeated by human rights abuses and violence that undermined the FTLRP and accounted for the decline, and that the use of violence and forceful takeover of land had the effect of undermining property rights leading to underinvestment in agriculture” (ibid.) A third group of scholars point to a combination of factors cited in the opposing views together with the speed with which the FTLRP was implemented as factors leading to the decline in agricultural production (ibid.).

Yet for Scoones *et al.* (2010:239) the agricultural production picture is mixed and more complex. While acknowledging that output of agricultural exports declined, the production of cereals and cotton has been maintained post-FTLRP. The production of some crops such as edible beans has boomed. Field level data from A1 schemes in Gutu district in Masvingo province showed that A1 farmers produced more than a tonne of maize sufficient for household provision and some sales (*ibid.*). Across their study sites, Scoones *et al.* (2010) observed “a very positive dynamic of productive agriculture by 40-50% of households.” The authors make the point that small holder A1 farmers and informal farmers have fared best, where there is low capital investment and reliance on local labour. On the new A2 commercial farms, by contrast, the broader economic crisis prevented substantial capital investment, and new farm enterprises have been slow to take off (*ibid.*, 238).

Pre-FTLRP, Zimbabwe used to export excess food and other agricultural commodities but is now a net importer, with most people in rural and some urban areas relying on humanitarian aid provided by international development partners. Cross, cited in Gumede (2014:56), asserts that low maize production levels have led to food imports and emergency relief between 2001 and 2009, although the 2009 maize harvest was around 1.24 million tonnes, reducing the humanitarian aid requirements.

Agricultural labour dynamics, relations and conditions were substantially altered from what they were pre-2000 (Matondi 2012:131). This was a redistributive outcome (Chambati 2013:157) but also a displacement effect of the FTLRP. The scale of the effects of the FTLRP on the agrarian labour regime is subject of intense scholarly debate and dispute. Chambati (2013:157) argues that the post-2000 land redistribution literature tends to neglect the issue of agrarian labour relations generated after the FTLRP. In particular the literature is dismissive of the redistributive nature of the FTLRP and the changing patterns of agricultural production (*ibid.*). Chambati (2013) observes that most studies analysing agrarian labour relations post-FTLRP adopt “modernisation perspectives, in which formal wage labour in the capitalist large-scale commercial farms is treated as superior to self-employed

forms of labour in the [...] peasant sector.” The self-employment of peasants is neglected because it does not fit the formal employment category used by liberal economists (ibid.). Rather the primary focus has been on the displacement of former farm workers from their jobs in the large-scale commercial farms. Chambati (2013) advances the principal argument that a new kind of agrarian employment structure has emerged and the social relations of production that this entails. The change to the ownership of land instigated by the FTLRP is a central factor in the alteration of agrarian labour relations because of its influence on who sells or hires labour (ibid.). By reversing the racial monopoly in land ownership the FTLRP generated a new agrarian employment structure in which political power was diffused amongst A2 capitalist farmers and peasant farmers through the A1 farm model.

Commercial agriculture requires labour yet much of the experienced labour has been lost to the informal self-employment sector such as cross-border trade, migration outside the country, gold panning and petty commodity trading, as well as to part and full-time wage-labour in A1 farms (Matondi 2012:155, Chambati 2013:169). The A1 sector employed most of the farm wage jobs amongst the peasantry amounting to an estimated 145,800 and 860,220 full and part-time wage workers (Chambati 2013:169). The small to medium and large-scale commercial farms (A2 model) are experiencing serious shortage of skilled agricultural labour and this is a key characteristic of the new agrarian structure. Chambati (2013:166) outlines reasons for the shortages of labour across farm classes as: (i) the new agrarian labour regime diversified sources of employment in the reformed agrarian structure to include peasantry, small-to-medium capitalists, large capitalists, plantation estates and conservancies. Consequently there exists competition for labour resources across all different farm classes. (ii) Competition for labour resources also exist amongst a set of social production activities that include self-employed farming, petty commodity production for example natural resources exploitation, and hiring out labour to farmers. Chambati (2013) advances the principal argument that farm labour shortages are broadly a result of the expansion of self-employment amongst the potential agrarian

labour force from the communal areas, who gained access to land, poor wages and new non-farm job and economic opportunities.

The A2 farmers assert that the former farm workers are reluctant to work for them because they owe allegiance to their previous large-scale commercial farm employers. Yet, from the perspective of the ex-farm workers, "... the new farm owners are contemptuous of them as workers, and they feel looked down upon and regarded as renegade members of the opposition" (Matondi 2012:154). Field data from Mazowe district reveals that farm workers regard the new farmers as completely unequipped because of their lack of organisational skills for commercial farming (ibid.). Scoones *et al.* (2010:144) seem to corroborate this view by observing that: "... a particular challenge in many [A2] farms has been labour management. Many found it difficult to recruit new labour, and even more difficult to retain it.... The failure by the plot holder to pay wages regularly resulted in workers resorting to theft of farm equipment and tools."

The forced evictions of white commercial farmers also led to significant displacement of some of the farm workers from former large-scale commercial farms (Scoones *et al.* 2010:127). The scale and effects of the displacements are subjects of intense debate in the literature. Between 30,000 and 45,000 workers are estimated to have been displaced from the former large-scale commercial farms to communal areas, towns and informal settlements (Chambati & Moyo; and Chambati & Magaramombe cites in Chambati 2013:164). According to Gumede (2014:56) Moyo estimates that 150,000 permanent farm worker households, formerly resident and working on the large-scale commercial farms along with many temporary workers many of them women were displaced during the FTLRP. Scoones *et al.* (2010:127) estimate that around 45,000 permanent worker households were displaced and had to move elsewhere. Others who were temporary workers had to seek new sources of income. According to Chambati (2013:164) most of the physical displacements occurred during the early stages of land reform – a period characterised by intense confrontation and violence between new settlers and farm workers. Some of the farm workers who lost their jobs were

completely displaced from the former large-scale commercial farms while others remained resident in the farm compounds (ibid.). Scoones *et al.* (2010:128) assert that the patterns of displacement varied across the country with significant displacements occurring in the highly capitalise commercial farms in the Highveld areas. Yet in some areas where ranching operations were the primary activities, displacements were minimal because the operations offered limited employment.

The displacements of farm worker communities resulted in severe socio-economic challenges for the affected groups. This has remained a key social policy challenge that the Zimbabwe government has to address. Matondi (2012:171) raises a fundamental point around the issue of property losses on the former large-scale commercial farms. Much of the discussion on property losses has focused either on productive infrastructure or on social services invested in by the former commercial farm owners. Yet there were significant asset losses of the poor former farm workers. They lost significant assets as land occupiers targeted them. They were viewed by land occupiers as a line of defence for the former land owners. During the mayhem caused by the FTLRP, some farm workers fled their homes leaving behind their possessions. In the farm compounds some of the farm workers had their houses destroyed (ibid.). The affected farm workers lost their source of livelihoods including a number of social benefits, such as farm-based schools and health facilities. Matondi (2012:156) makes the point that the FTLRP disrupted health delivery systems on the former large-scale commercial farms resulting in farm workers increasingly exposed to diseases including AIDS.

The FTLRP has led to the establishment of a new social order and reconstruction of communities on FTLRP farms (Matondi 2012:208) with new priorities for social policy. The new resettlement areas face non-existence or inadequacy of social structures such as schools, clinics and community centres. The likely adverse effect is poor human capital development outcomes for children living in the FTLRP communities. A key issue in the new resettlement schemes is the problem of security for agriculture infrastructure and property. The displacement of former farmers and farm

workers was also accompanied by vandalism of security infrastructure. Previous farm owners had invested in farm security and had created highly secure communities intolerant of theft and vandalism (ibid., 212-213). Matondi (2012) asserts that the chaos resulting from the FTLRP broke down social control in the former large-scale commercial farming communities. Cases of theft of farm produce, house breaking and poaching of natural resources are wide spread in the new resettlement areas. The relationship between former farm workers who have remained in the farm compounds and new settlers are fraught with tensions and conflicts. The government lacks a clear policy on the situation of former farm workers (ibid., 222).

Matondi (2012:233) makes a fundamental point with respect to the social capital within resettlement communities by observing that “[s]ocial capital emanating from kinship, traditional values, norms and customs faces enormous challenges where people with diverse origins have been forced to co-exist.” The FTLRP also brought some changes to the nature of family structures as families are more individualised on fast track farms as the communities do not consist of relatives as is the case in most communal areas (ibid., 223). The households in the new settlements are typically unrelated to and unacquainted with each other. Murisa (2013:251) similarly asserts that “the Fast Track resettlement process disrupted known ties of reciprocation developed within lineage and kinship ties in customary tenure areas.” Thus, the design of the FTLRP did not take into account an important social consideration valued by people in the communal areas of Zimbabwe. Relationships between rural folk in the communal areas of Zimbabwe are founded on historical African values, norms and traditions. The people in the communal areas have developed and nurtured strong bonds, bridges and links (types of social relationships) over generations and would certainly have preferred to preserve them. The social capital dimension in the resettlement areas as observed by Matondi (2012) has potential implications for this study. One of the study sites, Goromonzi district, also went through the “land revolution”. It is likely that there was a reconfiguration of the social organisation of communities triggered by the FTLRP in the district. Improved social capital in the new farming communities may have positive effects on

production and people's well-being in general. Social cash transfers may be critical in strengthening or weakening this social capital among the newly resettled farmers.

Scoones *et al.* (2010:250) make the case for provision of social protection support in the resettlement areas. The authors point out that not every new settler will succeed. Field data from Masvingo study sites show that some resettled farmers are struggling, while others have opted out, abandoning land and returning to their places of origin (*ibid.*). Matondi (2012:233) observes that the new resettlement areas face multiple crises, and are struggling to meet the demands of the new social communities. The former farm workers need government support for alternative livelihoods after most of them lost their jobs and economic opportunities during the FTLRP era.

Social protection in the resettlement areas comprises largely of informal safety net systems through kinship and links with former homes and church networks (*ibid.*). Non-Governmental Organisations (NGOs) and other civil society organisations that provide humanitarian and relief aid have limited presence in resettlement areas because most have adopted policies that prohibit them from delivering aid to resettlement areas as they regard the settlements as "contested land". Scoones *et al.* (2010) suggest diverse social protection instruments to support the poor and vulnerable groups in resettlement areas: agricultural input support schemes, livestock restocking through small stock loans, school fees assistance for children of resettled farmers and of former farm workers who are still resident in farm compounds, and provision of basic farming equipment. Social protection instruments should be tailor-made to cater for the socially-differentiated classes of people in resettlement areas.

### **1.3.3 Operation Murambatsvina**

An otherwise innocent term, "Operation Murambatsvina" (also called Operation Restore Order) which refers to cleaning up or rejecting filth and chaos, is synonymous with a brutal operation which left thousands of Zimbabweans without shelter, means of livelihoods, and access to basic

services. Operation Murambatsvina, launched on 19 May 2005, represents an excessive and disproportionate nationwide destruction of “what the Government [of Zimbabwe] termed illegal vending sites, structures, other informal business premises and homes, literally displacing hundreds of thousands of people” (UN 2005:12). The operation targeted urban areas and major cities. Slums, shacks, and informal markets, trading and vending sites were destroyed. The Government of Zimbabwe argued strongly that it was compelled to reassert the rule of law and halt the chaos resulting from rapid urbanisation between 1980 and 2005 (ibid.). The authorities blamed the urban poor and informal traders for the rapidly deteriorating standards of health, housing and other services, crime rates and other socio-economic vices (ibid). However, a less benign rationale was put forward. Magaisa (2016:5) suggests that some analysts locate the basis of Operation Murambatsvina in politics. The author makes the point that analysts have argued that Operation Murambatsvina “was an [political] attempt to frustrate and diminish the population of urban voters supporting the opposition party as well as punish these supporters for their political allegiance.” The history of local government and national elections in Zimbabwe appears to support this notion. It has shown that urban areas are “strongholds for opposition parties, in particular, the Movement for Democratic Change (MDC) while rural areas represent the strongholds for the ruling party Zimbabwe African National Union Patriotic Front (ZANU PF)” (ibid.). Consequently the political outcome of Operation Murambatsvina was to weaken the MDC’s support base in urban areas.

Operation Murambatsvina was started in the capital city, Harare, and rapidly evolved into a nationwide demolition and eviction campaign brutally executed by the combined force of State security organs: the police and the army; and the relevant local governments’ municipal authorities (ibid.). The best and most comprehensive account of the scope and effects of the Operation was produced in July 2005 by Anna Kajumulo Tibaijuka, the then Tanzanian director of the UN Centre for Human Settlements (Habitat), whom the then UN Secretary General Kofi Annan appointed as a special envoy to investigate.



The UN (2005:7) found that: “Operation Restore Order, while purporting to target illegal dwellings and structures and to clamp down on alleged illicit activities, was carried out in an indiscriminate and unjustified manner, with indifference to human suffering, and, in repeated cases, with disregard to several provisions of national and international legal frameworks.”

According to the UN (2005:7-8) specific findings of the UN mission were that:

1. Because of the Operation’s speed and ferocity it resulted in the destruction of homes, business premises and vending sites.
2. It was estimated that some 700,000 people in cities across the country lost either their homes, source of livelihoods or both.
3. A further 2.4 million people (then 18 percent of Zimbabwe’s population) were indirectly affected in varying degrees. The vast majority of those directly and indirectly affected were the poor and disadvantaged categories of the population. They were projected to be in deeper in poverty, deprivation and destitution for a long time between then and the future and many were rendered vulnerable.
4. Hundreds of thousands of women, men and children were made homeless, without access to food, water and sanitation, or health care.
5. Education for an estimated 500 000 children of school age was disrupted, and with it long term consequences on human development.
6. Many of the sick, including those with HIV and AIDS, lost access to care support and services.

There is no doubt that 11 years after, the destruction wrought by Operation Restore Order constituted far-reaching and long-term social, economic, political and institutional consequence (ibid.). The UN asserted that: “The humanitarian consequences of Operation Restore Order are enormous. It will take several years before the people and society as a whole can recover” (ibid., 8).

#### **1.3.4 Global Political Agreement**

Political stability is a necessary condition for economic recovery and growth. The period between 2009 and 2013 was characterised by a stable socio-

economic and political context. The Global Political Agreement (GPA) was signed by the country's three main political parties in September 2008: Zimbabwe African National Union Patriotic Front (Zanu PF) and the two Movement for Democratic Change (MDC) formations. The parties came together to agree the political terms under which they could all work together in the interest of the nation, following extensive diplomatic facilitation by the Southern African Development Community (SADC). The GPA had been a consequence of the deadlock that Zimbabwe faced following inconclusive and disputed Presidential elections in March and June 2008. Political polarisation and violent tensions had arisen following a narrow Presidential election victory by the MDC-T leader in March 2008, a result that did not satisfy the constitutional requirement of a 50 percent plus one vote for an outright victory and subsequent power transfer.

According to Kochan and Joffe (2011:10) the GPA's Declaration of Commitment stated that:

The Parties hereby declare and agree to work together to create a genuine, viable, permanent, sustainable and nationally acceptable solution to the Zimbabwe situation and in particular to implement the following agreement with the aims of resolving once and for all the current political and economic situations and charting a new political direction for the country.

The Inclusive Government or Government of National Unity (GNU) that resulted from the GPA facilitated the creation of a relatively peaceful and enabling environment for marginal economic growth and political development. It went some way to ease political tensions and restored the legitimacy of the Zimbabwe government in the eyes of the regional and international community. During the subsistence of the GPA, Zimbabwe adopted a Short-Term Emergency Recovery Programme (STERP) that introduced a multi-currency system dominated by the United States (US) dollar and the South African rand; removed price controls; halted hyperinflation; and committed to fiscal discipline while operating on a cash budget system. STERP facilitated stability of process and market-oriented

policies. This enabled the country to move out of the previously protracted humanitarian crisis of the period 1997-2008. Zimbabweans demonstrated unity of purpose and fulfilled one of the major GPA commitments of developing a new constitution, subjecting it to a national referendum, and leading to the national elections of 31 July 2013.

The July 31, 2013 national elections saw the end of a 5-year old GNU. The elections were observed by the SADC and the African Union (AU), and assessed as “free, peaceful and credible”. Zanu PF won the elections by a majority of votes in both the Presidential and Parliamentary elections. ZANU PF proceeded to form a Government, and in October 2013 launched a five year (2013-2018) national recovery and development programme called Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZimASSET), whose theme is “towards an empowered society and a growing economy.” The ZimASSET is a results-based plan anchored on four strategic clusters: food security and nutrition; social services and poverty eradication; infrastructure and utilities; value addition and beneficiation (Government of Zimbabwe 2013:9-10). The government hopes to achieve sustainable development and social equity. Indications thus far show that Government has not had sufficient fiscal space to implement the ZimASSET plan. Key result areas such as social protection and infrastructure development are lagging behind.

Areas of concern in the policy context remain particularly the indigenisation and economic empowerment policy. The indigenisation rules came into force on 1 March 2010 and require companies and businesses with assets worth at least US\$500 000 to cede 51 percent of their shareholding to indigenous partners. According to Magaisa (2015):

The philosophy behind it [indigenisation policy] is hard to fault. The idea of locals benefiting from resources in their areas makes sense to anyone who cares about social justice and the need to protect the vulnerable against the aggressive nature of global capitalism.... Indeed, Zimbabwe is not the only country that has policies designed to protect local interests in this way. In 2009, Indonesia passed a new

mining law, banning the export of unprocessed minerals after January 2014. It requires mining companies to process and refine raw minerals in Indonesia. The law also requires foreign shareholders in mining to divest shares in their businesses in order to achieve majority Indonesian ownership within 10 years from the commencement of commercial production.

The indigenisation regulations appear to have caused real investment risk and capital protection concerns among foreign investors and have resulted in very limited foreign direct investment flows into the country. Consequently, this has affected prospects of economic recovery and growth. According to Dercon (2015), “investment is about risk as well as trust and it requires effective states and effective politics.” Zimbabwe has not been able to fulfil the two conditions. Dercon captures the essence of the role of policy in promoting inclusive growth through FDI by highlighting the five Cs that must be positively associated with policies: content, commitment, correction, clarity and certainty. Zimbabwe needs to pursue a politics in which leaders and elites are committed to growth and poverty reduction. Commitment include: clarity, limited reversals, no discretion, systematic implementation, more transparency, property rights and rule of law.

### **1.3.5 International sanctions and isolation**

Zimbabwe has, over the past decade, received extensive adverse covert and overt international political and economic alienation by some few countries, including United Kingdom (UK), United States of America (USA) and the European Union as a bloc. The imposition of sanctions is contested by the Government of Zimbabwe which sees them as illegal as they are not backed by a United Nations resolution. The then Reserve Bank of Zimbabwe (RBZ) Governor in his detailed presentation of the analysis of the socio-economic effects of sanctions and measures against Zimbabwe assert that adverse international publicity, coupled with punitive measures by some foreign governments, multilateral institutions, as well as some private sector entities have worked to constrain the policy options available to the country, which in effect has worked to worsen the socio-economic environment, with the poor

and the vulnerable groups being the hardest hit (Gono 2006:2). According to the Global Political Agreement (GPA) signed by parties to the coalition government in Zimbabwe in September 2008, the sanctions and measures imposed on Zimbabwe include the Zimbabwe Democracy and Economic Recovery Act (ZIDERA) by the USA congress, which outlaws Zimbabwe's right to access credit from international financial institutions in which the USA administration is represented or has a stake; suspension of balance of payment support; suspension of grants, offshore financing and infrastructure development support and; targeted travel bans against some government and business leaders (GPA 2008:3). The sanctions have been applied in response to perceived political and constitutional breaches by the Zimbabwean government, such as human rights violations from the perspectives of international conventions; disputed national elections, democratic governance deficits, and differences over the land reform programme (ibid.).

The combined effects of the sanctions have seen a reversal of gains made in the education, health and infrastructure sectors. Poor people in rural communities have experienced the effects of the sanctions on agriculture development sectors through effects on irrigation schemes. The sanctions debate has divided and polarised Zimbabwean communities with some sections arguing that the imposed sanctions are targeted at specific individuals and have no adverse effects on the economy and the general population. Other sections of the Zimbabwean society assert that the international isolation resulting from the sanctions has significantly affected the wider economy and general population.

Assessing the extant realities in Zimbabwe, sanctions are real, have had and continue to have wider effects on the economy and have adversely affected the poor and vulnerable populations in Zimbabwe. A lecture presentation at the University of Zimbabwe by the United Nations human rights chief, Navi Pillay, who visited Zimbabwe from 20-25 May 2012, concurred with the call for sanctions imposed on Zimbabwe to be lifted. The United Nations human rights chief called on the European Union and the United States to lift sanctions on Zimbabwe, stating they have worsened the country's economic

problems with “quite serious ramifications for the poorest and most vulnerable who have also had to cope with the political instability and violence as well as a severe drought” (Pillay 2012). Kochan and Joffe (2011:26) make the point that: “These targeted sanctions continue to haunt Zimbabwe as it seeks to rebuild its political and economic position. They have been a barrier to growth and the progress of STERP and subsequent efforts by the country to increase the role and contribution of international investors.” The Southern African Development Community (SADC) has also called on the foreign governments and entities that have imposed sanctions on Zimbabwe to lift them.

The preceding section discussed in detail the important policy factors, events and processes that shape Zimbabwe’s current socio-economic and political context. These factors have directly and indirectly combined to influence the development of social policy, social protection and cash transfer programmes aimed at reducing poverty, vulnerability and inequality among the poor Zimbabweans.

The next section is an overview of social protection policy and programmes in Zimbabwe. The Zimbabwe’s Harmonised Social Cash Transfer scheme is one such programme, and it is described in detail in the next chapter.

#### **1.4 Social protection in Zimbabwe**

Developing countries are increasingly formulating national social protection policies as part of strategies to eliminate poverty, and Zimbabwe is no exception. Social protection is enshrined in the national constitution of the country. Article 30 of the Zimbabwean constitution states that “... the state must take all practical measures, within the limits of the resources available to it, to provide social security and social care to those who are in need.” The Constitution of Zimbabwe (2013) also includes an inclusive and progressive Bill of Rights that accentuates the provision of social protection (Articles 80 to 84). Included are socio-economic rights of women, children, the elderly and persons with disabilities. Emphasis is on equality of opportunities and non-discrimination as well as empowerment and employment creation.

Zimbabwe is a signatory to many of the international and regional conventions and agreements which provide legal bases for social protection. For example, Zimbabwe signed up to the Universal Declaration of Human Rights of 1948, the International Covenant on Economic, Social and Cultural Rights of 1966, the International Covenant on Economic, Social and Cultural Rights (1976), the UN Convention on the Rights of the Child (CRC) (1990), the UN Convention on the Elimination of all Forms of Discrimination against Women (1979), and the UN Convention on the Rights of Persons with Disabilities (2006). Zimbabwe endorsed the Social Policy Framework for Africa created by the First Session of the African Union (AU) Conference of Ministers in Charge of Social Development, in Windhoek, Namibia, in 2008. The AU, Schubert and Beales (as cited in Garcia & Moore 2012:41) state that the Social Policy Framework encourages countries to include social protection in their Poverty Reduction Strategies and National Development Plans, to reform and support existing programmes, to determine costs for a minimum social package, and to use social protection to protect impoverished people from adverse systemic shocks.

From the foregoing it can be said that Zimbabwe's social protection policy is located within the rights-based school and acknowledges resource constraints that may be faced by the state in fulfilling its social protection obligations. The Constitution of Zimbabwe accepts that scarcity of resources is a problem but insists that the government and other duty bearers must do all they can to allocate resources to the fulfilment of their obligations to rights holders. This approach is consistent with the international human rights instruments which incorporate the doctrine of the progressive realization of socio-economic rights.

According to the World Bank (2015:3), as of 2015, 77 countries have a social protection policy in place, while 31 countries are currently planning or formulating one. Zimbabwe is one of the countries that have recently developed a social protection policy launched and endorsed by the government in Epworth on 9 December 2016. According to MOPSLSW (2015a:16) 'social protection' is operationally defined as "... a set of

interventions whose objective is to reduce social and economic risk and vulnerability and alleviate poverty and deprivation.” This definition is consistent with the one stated in the Zimbabwe Economic Development Strategy (2007). Zimbabwe’s definition of social protection adopts a wider scope to deliver social protection and describes all initiatives that: reduce poverty; protect the vulnerable against risks; and reduce the economic and social vulnerability of the poor, vulnerable and marginalised populations. Many of these socio-economic challenges which social protection interventions in Zimbabwe seek to address were consequences of the set of events, processes and factors described and analysed in the preceding section. Zimbabwe’s definition of social protection incorporates the key elements of responses to social-economic risk, poverty and vulnerability, first proposed by Sabates-Wheeler and Devereux (2010). In addition, Zimbabwe’s social protection policy includes four categories of instruments: provision, promotive, preventive and transformative measures – terminology first introduced by Guhan (as cited in Sabates-Wheeler and Devereux 2010:70). Provision, promotive, preventive and transformative social protection in the Zimbabwean context includes programmes that provide social insurance, social assistance, universal benefits and access to basic social services, labour market as well as livelihood support and resilience building interventions.

#### **1.4.1 Social protection programmes in Zimbabwe**

Zimbabwe’s social protection programmes include social assistance, social insurance and labour-market interventions. The social protection system addresses varied sources of risks and vulnerability particularly poverty, human capital development constraints, and labour market challenges such as retirement, sickness and loss of employment through retrenchments.

Grosh *et al.* (2008:514) define social assistance programmes as: “non-contributory transfer programmes targeted in some manner to the poor and those vulnerable to poverty and shocks”. Their definition is consistent with ILO’s which highlights that “social assistance provides support for those in



poverty” (Barrientos and Hulme 2010a:3). In some countries, social assistance is known as public assistance, and is tax-financed.

The government, NGOs and development partners in Zimbabwe implement a range of social assistance including cash transfers, in-kind transfers, fee waivers for health care and education, public works and social care services (Blank 2014:11). The Harmonised Social Cash Transfer (HSCT) is the main social assistance instrument aimed at assisting the extremely poor and most vulnerable groups in the country. It is the subject of this study and is described in detail in the next chapter.

The next section is an outline of the problem statement, aim and objectives, research questions, importance, scope and limitations of the study.

## **1.5 Problem statement and justification of the study**

### **1.5.1 Background to research problem**

The efficient, effective and sustainable delivery of public goods and services requires that considerable attention be given to the analyses of social effects of development policies, projects and programmes. Analysing the social effects of development policies and projects has particular significance for understanding the plight of the poor and the social appropriateness of interventions. Two other important factors support the rationale for analysing social effects of policies and projects: (i) development interventions are implemented in social settings and often involve social activities; and (ii) programmes are often targeted to a subset of the population in a given geographical location mainly because of resource limitations which preclude universal reach. Targeting implies some form of changes to the social organisation of communities.

The term “social capital” is a broad and multidimensional concept applicable across different fields. One of the most influential authors in the social capital literature, Putman (1993:167) defines the term as “features of social organisation, such as trust, norms and networks that can improve efficiency of society by facilitating coordinated actions.” Other prominent scholars:

Fukuyama, Bourdieu, Coleman, Ostrom, Lin, Woolcock, Loury, Grootaert and van Bastelaer, and Burt think of social capital as social structure, social relations, social networks, membership in associations, institutions, collective action, and cooperation.

Social capital is an important organising concept within the broader framework of social analysis, and the concept can be used in analysing the social effects of development policies and programmes at household and community levels. It's a term that has facilitated the insertion of social thinking into development policy and practice. There is significant evidence in development literature pointing to poverty alleviation projects almost always drawing upon and affecting social capital at the household and community levels. For example, many microfinance schemes have based their programme design and implementation on an analysis of social relationships. In-depth analyses of the schemes have shown that several forms of social capital have intervened in the success of the programmes, that is, different forms of social capital played a role in the functioning of the programmes (Foschi 2008:479). One of the major assertions in the social capital and development literature is that social capital can facilitate the solution of collective action problems and improves the effectiveness of development projects (Durlauf and Fafchamps 2004:11). Grootaert 1998; Narayan and Pritchett 1997; Seligson 1999; Uphoff and Wijayarathna 2000 (as cited in Krishna 2008:457) found from analyses undertaken in parts of the developing world similar positive associations between social capital and community development outcomes. The analyses concluded that increasing the stock of social capital should help, therefore, to improve development results within communities benefitting from development projects.

According to Woolcock (1998:183) “[i]t is impossible to understand the prospects of development policies and projects without knowing the characteristics of social relations at both the micro and macro level ....” Social relations play an important role in shaping and mediating development outcomes. Woolcock contends that development projects should seek to “create, nurture and sustain” those forms of social capital that build

participatory communities “that are empowered to assume increasing levels of responsibility for their own well-being while also building linkages between local communities and formal institutions,” in order to achieve development outcomes (ibid., 187). The concept of social capital is discussed in detail in the theoretical framework and literature review chapters of the present study.

Cash transfer interventions are an important component of development policy and social protection instruments. Cash transfers have recently become a popular poverty alleviation strategy in low and middle-income countries. In the last decade, an increasing number of sub Saharan African governments in partnership with development agencies, civil society organisations and United Nations agencies have introduced and promoted universal and targeted cash transfers as part of their social protection response strategies.

### **1.5.2 Explaining the research problem**

Cash transfers are contributing significantly to the development of a culture of evaluation in the field of social protection. To date cash transfers are among the most rigorously researched and evaluated development interventions. The existing evidence base of the effects of CTs on social outcomes in the CT literature is limited and weak. The discussion on social effects of CTs has been peripheral and the patterns of the effects remain unclear. The current and extensive body of literature discusses and disseminates effects on human development outcomes – health, education, food security and nutrition. Another strand of evidence is on the economic effects of cash transfers. In most cases CT effects on social outcomes are incidental to findings focusing on economic and human capital dimensions. Very few studies give a comprehensive and systematic account of the effects of CT programmes on social outcomes in general and social capital in particular. Adato 2000; Attanasio, Pellerano and Polania 2008; Attanasio, Pellerano and Reyes 2009; Hidrobo, Hoddinott, Margolies, Moreira and Peterman 2012; Hossain, Brook, Garbarino, Notosusanto, Noor and Seda 2012; Cameron and Shar 2013; Daidone, Handa, Davis, Park, Osei and Osei-Akoto 2015; and FAO 2015 have separately explored the effects of cash transfers on social capital

dimensions such as social networks, social institutions, collective action, cooperation, trust and social cohesion.

The concern about the recognisably little attention paid to social effects of cash transfer programmes is shared by several authors in the CT literature. MacAuslan and Riemenschneider (2011:1) argue that “[i]t is rare to find analyses of cash transfers that... comment on how cash transfer programmes impact on social relations and how social relations in turn impact on poverty.” Usually CT analysis focus on the first order effects and implicitly put a lower value on social effects (ibid.) Cameron and Shar (2013:381) state that “... there has been little attention paid to the social consequences of mistargeting in the economics literature.” Attanasio, Pellerano and Reyes (2009:140) observe that the effects of CCTs on human capital outcomes are well-documented but that the effect on social capital “remains an object of speculation and the topic of a variety of anecdotes.” Calvo (2011:55) notes that most of the CT impact evaluation studies are rooted in the economic disciplines and “there is a recognisable lack of analyses from social science disciplines related to the historical, cultural, political, social, and family implications ....” Consequently, the effects of CTs on social capital is an area understudied.

It is evident in the CT literature that present state of knowledge of social effects of cash transfers has focused on conditional cash transfers and most of the studies were conducted in Latin America. CT programmes in Latin America are predominantly conditional cash transfers linked to human development outcomes: education, nutrition and health. For example Attanasio *et al.* (2009) studied the effects of a conditional cash transfer programme introduced by the Colombian government in 2002, Familias en Accion, on social capital. CT programmes in Sub Saharan Africa are predominantly unconditional, that is, households do not face set constraints in deciding how to use their cash. The literature on social effects of unconditional cash transfers is scant, and the research evidence base in Sub Saharan Africa is also limited but showing signs of growth due to the collaborative research efforts of FAO, UNICEF, and country governments.

The distinction between conditional and unconditional cash transfers can have profound effects and influence on various dimensions of social capital, for example, community social relations, collective action, and trust in individuals and institutions. The CT effects literature shows that effects of conditional cash transfers are largely found in human capital dimensions of nutrition, health and education. A key difference between conditional and unconditional cash transfers is the potential for the latter to affect a wider spectrum of behaviours including social capital outcomes. There is therefore an important need to contribute to the filling of the existing knowledge gap in the unconditional cash transfer and social capital literature.

The Zimbabwe Harmonised Social Cash Transfer (HSCT) programme is an unconditional cash transfer programme, and is part of the country's national social protection policy. The programme was introduced in 2011 by the Ministry of Public Service, Labour and Social Welfare (MOPSLSW) in partnership with UNICEF and bilateral donor agencies. It is targeted to extremely poor households that are also labour-constrained in 19 districts. Each household approved by the programme receives between \$10 and \$25 per month depending on size of the household. The programme's stated objectives are: to strengthen the purchasing power of beneficiary households; enable beneficiary households to increase their consumption above the food poverty line; reduce the number of ultra-poor poor households; help beneficiaries avoid risky coping strategies; and lead to improved nutritional status, health and education outcomes especially for children living in recipient households (MOPSLSW 2014:7-8).

The effect of HSCT on social outcomes in general and social capital in particular in the recipient households and communities has not been a focus of attention in the programme. An analysis of the design of the programme shows that there are clear objectives with respect to income effects namely that there are expectations to increase the purchasing power of households and improvements on human development outcomes for children in the beneficiary households. However there are no explicit objectives on social capital dimensions such as social relations, networks, trust and collective

action yet the extent to which the HSCT programme may have effects on these dimensions may have important implications for the achievement of the programme's stated poverty reduction and human development objectives. Against such a background, this research will through an exploratory and descriptive study combining a quantitative survey and qualitative methods generate evidence on the social effects of the HSCT programme in selected case study sites.

The current but limited research in the area of effects of cash transfers on social capital often lacks clear and robust theoretical frameworks through which to study or analyse the effects. At best, the studies mostly impact evaluations, have relied on standard economic frameworks to analyse effects of cash transfer programmes. Only one study in the reviewed CT literature, done by Attanasio, Pellerano and Reyes (2009), provides an explicit theoretical framework to guide its analysis of the effects of a CCT on trust and cooperative behaviour. The authors used a version of the public goods game theory – voluntary contribution mechanism to measure effects of a CT programme on social capital in Colombia. Several impact evaluation and qualitative studies identified and analysed in the CT literature are not grounded in scholarly theories of social capital. The frameworks of analyses are missing. As a result it is not easy to see clearly the variables of the studies, key concepts, approaches and interpretations. A six-country research study carried out under the auspices of FAO (2015) in Sub Saharan Africa analysed the economic and social effects of cash transfers in three interrelated areas: household economy, local economy, and social networks. The study reports positive effects of the CT programmes on different measures of social capital but does not provide a theoretical framework of analysis against which to explain the findings. The authors provide no connection between the findings and the relevant theoretical literature on the subject. The present study establishes and uses multiple theoretical frameworks drawn from social capital and social network theories to guide the entire research process. This is essential in order to adequately describe or explain phenomena.

Much of the empirical evidence on effects of cash transfer programmes has been generated from quantitative impact evaluations. These technically rigorous impact evaluations which rely on use of baseline and follow-up data, and use of control groups explore whether CT impacts observed are attributable to the CT programmes. Thus, the distinguishing feature of impact evaluations is the emphasis on examining causality. Impact evaluations make limited contributions to understanding cases, social phenomena and processes in CT programme settings. Thorbecke (2005:34-36) makes a similar point noting that "... the limitation of this approach [impact evaluations] is that it only provides a precise and robust answer to a very narrow question, i.e. 'what is the effect of a specific program[me] within a specific context. ... [t]he emphasis is on combating the econometric biases and problems often to the exclusion of the importance of larger structural and conceptual issues." Randomised Control Trials, Difference in Difference estimates, Propensity Matching Scores and Regression Discontinuity Designs cannot generate useful data that can explain the effects of CT programmes on social relations or trust. The present study addresses the limitations of impact evaluation research designs by using a mixed methods approach which combines a quantitative household survey and qualitative methods to explore the social effects of the HSCT programme in the study communities.

According to Barrientos and Hulme (2010a:12) "[a]n important constraint in the development of social protection in developing countries is the absence of a strong research base in universities and leading development institutes." The authors make the point that "there are few researchers specialising in this area, even fewer in developing countries, and they are scattered across countries and institutions" (ibid., 13). The situation is different in the fields of education and health as they are supported by strong institutional research and policy bases. The significance of the observation by Barrientos and Hulme is that there is an "intellectual vacuum" in the evidence base for social protection. This is a present challenge, and an opportunity for scholars to contribute to filling the gap in social protection research especially considering the role, importance and popularity of social protection instruments such as cash transfers within the current development policy agenda in developing

countries. This study is therefore a contribution to the growth of scientific knowledge on a social protection instrument – HSCT, and will assist in better understanding of the social effects of relevant policies and programmes in Zimbabwe.

With the above background this research will through an exploratory study utilising a household survey and qualitative methods investigate the social effects of an unconditional cash transfer – HSCT, through the social capital lens. The research will contribute to a growing body of scientific evidence on the effects of unconditional cash transfers on social capital. The study will draw out implications of its findings for social protection policy, and the design and implementation of similar UCT programmes in Zimbabwe and similar contexts elsewhere in the region.

## **1.6 Research aim and objectives**

Social research can serve many purposes. The most common and useful purposes are exploration, description and explanation (Babbie 2010:92). The present study is primarily exploratory with some descriptive dimensions. It is exploratory because it seeks to investigate an understudied area - social effects of an unconditional cash transfers using the social capital lens - where little evidence and gaps exist, and has scope to generate hypotheses for further research. The descriptive dimension of the study allows for documenting and describing of salient features, events, social networks, trust, norms of behaviour, community activities, and processes occurring in the HSCT programme and study settings but within the boundaries of the overall study.

The broad aim of the study was:

To investigate the social effects of an unconditional cash transfer programme targeting the poorest segments of the population in a rural and an urban project setting in Zimbabwe.

The concept of social capital and its associated dimensions of social networks, social relations, happiness, trust, norms of reciprocity, cooperation,



collective community action, and informal and formal institutions provide the lens through which to analyse the social effects of Zimbabwe's Harmonised Social Cash Transfer programme. The research sought to contribute to, and fill gaps in the empirical knowledge base about the social effects of UCT programmes with particular focus on social capital.

The specific objectives of the study were:

1. To identify and analyse the key design and implementation features of the HSCT programme.
2. To explore beneficiaries' views, experiences and perceptions of the HSCT's design and implementation features.
3. To examine the effects of the HSCT on the structural dimensions of social capital (social networks, groups and membership associations, and social relations) in the study communities
4. To assess the effects of the HSCT on cognitive dimensions of social capital, (trust, norms of reciprocity, collective action, individual psychosocial effects and participation in community activities) in the study communities
5. To identify the types of social capital (bonding, bridging and linking) affected by the introduction of a targeted unconditional cash transfer intervention in the study communities.
6. To analyse the implications of the social effects of the HSCT for social protection policy and similar cash transfer schemes, and to propose suitable recommendations.

### **1.6.1 Research questions**

All research begins with a topic but this is only a starting point that researchers must narrow to specific research questions. Research is designed around research problems and questions. All research questions apply to some group or category of people, organisations or other units. When refining a topic into research questions and designing a research study, one needs to consider practical limitations. Major limitations include time, costs,

access to resources, approval by authorities, ethical concerns and expertise (Neuman 2007:87).

According to McCandless and Bangura (2008:129) developing research questions usually requires brainstorming, revision and careful reflection. On the basis of the research topic identified, the formulated problem statement, aim and objectives, the study sought to answer the following questions:

1. What are the key design and implementation features of the HSCT programme? How does the programme operate?
2. How do the programme design and implementation features promote or constrain different dimensions and types of social capital?
3. What are the beneficiaries' views, experiences and perceptions of the HSCT's design and implementation features?
4. What are the views, perceptions and experiences of other stakeholders directly or indirectly involved with the HSCT in particular, non-beneficiaries, community leaders, and HSCT focal persons?
5. What are the effects of the HSCT on beneficiaries' risk coping strategies?
6. What are the effects of the HSCT on social relations within beneficiary households (genders and generations), between households (beneficiaries and non-beneficiaries), and between beneficiaries and people from public institutions? Are there other social relations affected by the introduction of the HSCT in the two study communities?
7. What are the effects of the HSCT on trust, norms of reciprocity, collective action, individual psychosocial dimensions and participation of beneficiaries in community activities?
8. What are the effects of the HSCT on social networks and membership associations or groups? Does the HSCT facilitate the formation of new membership groups and social networks, and/or changes to existing social networks? Which types of social networks and membership associations are most affected by the HSCT?
9. Does the HSCT facilitate creation of new, and strengthening of existing social capital bonds, bridges and links within and across households

and the wider community? What are the negative effects of the HSCT on different dimensions and types of social capital?

10. What are the unintended effects of the HSCT in the study communities?

11. What are the implications of the findings for social protection policy and the design and implementation of future UCT programmes?

### **1.7 Importance of the study**

The distinctive added value of this study lies in the following key dimensions.

- I. The study intends to contribute to the expansion of the scientific knowledge and understanding of the social effects of unconditional cash transfers through the social capital lens in specific project contexts: peri-urban and rural.
- II. The research intends to potentially widen the scope and orientation of future unconditional cash transfer programmes by making social capital an orienting or strategic concept in the design and implementation of unconditional cash transfer programmes.
- III. The study establishes a broad social theoretical framework upon which to analyse the findings. The framework of analysis draws from social capital and social network theories. Within the two theoretical frameworks are sub-theories integrating various social concepts which are useful for discussion and analysis of the social effects of the HSCT in recipient communities. This gave the study theoretical strength, and is a positive change in the research approach when compared with previous similar studies whose focus of attention was long on influencing policy and scaling up programmes and short on contributions to the academic and theoretical literature.
- IV. The study is a contribution to the growth of academic research on the subject of social protection in a developing country context. Research in this area in academic institutions in developing countries is currently limited yet demand for social protection policies and programmes as parts of poverty reduction strategies is growing rapidly in developing countries.

- V. By adopting a mixed methods approach – combining a quantitative household survey with qualitative methods - the study has considerable methodological strength, thus, enabling contexts, processes, and series of events instigated by the introduction of cash transfers in research communities to be explored and understood.
- VI. The study's findings and recommendations have important policy and practical applicability in the field of social protection in general and cash transfers in particular. Zimbabwe recently developed its social protection policy framework, and a specific social transfers' policy to guide implementation and coordination in the sector. Findings and recommendations from this study could be fed into these policies during policy review forums.

### **1.8 Limitations to and scope of the study**

The scope of the study outlines the frame of reference of the research by clearly presenting the limits or parameters of the study. In the undertaken study the parameters clarify the extent of the study in terms of the time-frame, concept, theme and geographical area.

The study focused on the research question of the social effects of unconditional cash transfers using the social capital lens. The study was limited in its focus and primary data collection to Goromonzi, a rural district in Mashonaland East province, and Epworth, a peri-urban settlement in Harare province in Zimbabwe. The study was delimited to a specific unconditional cash transfer programme, the HSCT, a five year (2011-2016) programme currently being implemented by the Zimbabwe Government in 19 districts.

The study was not a cash transfer impact evaluation but a case study research which combined a quantitative household survey and qualitative research methods. The study captured the views and perceptions of household and community members, and programme officials focusing on social effects of the HSCT in four wards across two project settings – Epworth and Goromonzi.

The study was in no way conclusive or representative. It was limited to four wards, that is, two wards in each sampled district. The study was specific to the temporal context of the communities in the sample. It sought to provide comprehensive and internally valid findings which could provide strong indications of the social effects of an unconditional cash transfer in Goromonzi and Epworth districts within which the sampled wards are based. In addition the findings may provide general insights of the link between social cash transfers and social capital at the wider district and national levels. The limitation of resources and capacity available to the researcher did not make possible a sampling framework that is representative of all the districts covered by the HSCT programme.

The selected districts represent different economic, political, social, cultural and institutional environments. In this regard, the research was in no way a cross-case comparison study. It sought to generate case-specific evidence which will contribute to the growth of the evidence base about the social effects of unconditional cash transfers in Sub Saharan Africa.

The social capital literature is replete with many definitions and interpretations of the concept. For the purposes of the present study the main emphasis is on the following dimensions of social capital: social networks, social relations, social exchange, local membership associations, participation in community activities, trust, cooperation, and norms that govern interactions among individuals, households and communities. The study utilised both the structural and cognitive dimensions of social capital, and is limited to the three types of social capital: bonding, bridging and linking.

Data was be collected at the individual, household, community and district levels, and included an extensive review and analysis of key programme documents; fieldwork visits; structured observations at HSCT payment points; focus group discussions; beneficiary case studies; and key informant interviews in the two project settings.

The full research design and methodology is described in detail in Chapter

## **1.9 Outline of thesis and chapter contents**

The thesis is organised in six chapters with the following headings.

### **Chapter 1:** Introduction.

The chapter provides a detailed outline of the national context. The socio-economic and political conditions that frame Zimbabwe's social protection context and the HSCT programme are presented. An overview of the social protection policy and social assistance programmes in Zimbabwe is provided. This presents a nuanced foundation and framework for understanding the HSCT programme. The problem statement is formulated and descriptions of the research aim and objectives; an outline of the research questions; importance of the study; and the scope and limitation of the research are provided. The chapter concludes with a structure of the thesis.

### **Chapter 2:** Description of the Zimbabwe Harmonised Social Cash Transfer programme and research districts.

An outline of the origins, specific policy context and a description of HSCT's design and operational features are presented. The information is drawn from a review of the programme's founding documents. The chapter also includes district and community profiles of the two study sites – Epworth and Goromonzi.

### **Chapter 3:** Literature review and the theoretical framework

The chapter integrates the research topic into a broader framework of existing and relevant cash transfer and social capital literature. The extensive literature review covers the key concepts and theoretical orientations of CTs social capital, and social networks. The chapter traces the origins and expansion of CT programmes as social protection instruments for reducing poverty, vulnerability and inequality. It explores the design and implementation features of CT programmes and highlights the key debates in the CT literature particularly on conditional and unconditional CTs, and targeting. The state of the evidence of social effects of CTs is presented and

analysed. The unintended consequences of CTs are distilled from the works of various researchers. This is followed by a tracing of the historical development and conceptual origins of social capital. The main definitions, dimensions and types of social capital are examined. The chapter examines measurement challenges associated with social capital. This is followed by an outline of the positive and negative effects of social capital. The chapter concludes with a presentation of the theoretical framework which guides the analysis of the effects of the HSCT on social capital. The framework is derived from the field of sociology with a focus on social capital and social network theories.

#### **Chapter 4: Research design and methodology**

The chapter is a discussion of the research approach, design, data collection methods, study populations and sampling, data analysis and ethical considerations for the study. Every aspect of the research process is explained.

#### **Chapter 5: Results – presentation and interpretation**

The chapter presents primary data collected from the field and secondary data from a review of relevant research documents. A description of the actual sample and its characteristics is described. The main research findings - positive and negative are described and summarised. The research findings are presented according to themes and sub themes.

#### **Chapter 6: Discussion, conclusions and recommendations**

The chapter presents a comprehensive discussion and critical analysis of the study's findings in relation to similar studies, theory and practice. This is followed by an outline of the implications of the study's findings for social protection policy and cash transfer programmes. Then recommendations for future research are provided. The chapter concludes with a section on the study's contributions to research.

## **Bibliography:**

The list of all references consulted in writing the thesis is provided in this section. The references are the sources cited as well as sources consulted. The sources include but are not limited to books, journals, working papers, government documents, programme reports and presentations. The bibliography is arranged alphabetically, by authors' surnames and provides the publishing information

## **Appendices:**

The section contains the following documents: letter seeking request to conduct academic research; permission to conduct research from the Ministry of Public Service, Labour and Social Welfare; research introductory letter from UNISA; and ethical clearance from UNISA. Additionally, selected research instruments used in the study are also presented in this section.

## **1.10 Summary and conclusion**

The chapter presented the national context and gave an outline of the research. The fundamental issues related to the well-being of the people of Zimbabwe, socio-economic conditions, demographic factors, HIV and AIDS epidemic, labour market conditions, political context, and the policy environment were presented and discussed. Poverty, inequality and vulnerability in Zimbabwe are intricately linked to the socio-economic conditions and the type of political settlement obtaining in Zimbabwe. The decline of Zimbabwe's economic and social indicators has been protracted with limited patches of stability and recovery particularly during the period of the coalition government between 2009 and 2013. The protracted crisis has informalised the economy with more people becoming poor in both rural and urban communities. Extreme poverty is more prevalent in rural than urban areas. Youth unemployment is high carrying with it the concern that Zimbabwe is missing out on the demographic dividend. Zimbabwe is now a net importer of many basic commodities including maize. Agriculture productivity and production levels are low due to recurrent droughts, and a contested land reform programme. Zimbabwe's HDI has remained in the low



HDI category and recent data showed that the country's HDI is below the average for Sub-Saharan Africa. The low HDI values show that the country is facing challenges in reducing poverty. The government has come up with several policy measures aimed at promoting social and economic recovery, and development. The ZIMASSET is one such policy measure introduced in 2013 and aims to promote sustainable development and social equity. An overview of Zimbabwe's social protection policy and social assistance programmes was provided. The HSCT is the main social assistance intervention and it's targeted at the extremely poor and vulnerable populations in the country. It is also the subject of this study. The national context presented in this chapter provided the foundation for understanding the rationale, relevance and appropriateness of the Harmonised Social Cash Transfer programme in Zimbabwe.

This chapter included a detailed outline of the research. The background to the research problem was presented and this was followed by a formulation of the problem statement. The research problem is informed by multiple factors identified through a comprehensive review of the relevant literature. The review highlighted limited empirical evidence and gaps in the research on social effects of unconditional cash transfers. Much of the empirical evidence is on economics and human development effects. The theoretical base of the research conducted to date is inadequate as few studies identify clear theoretical frameworks to guide the research. The aim and objectives of the study were stated and the research questions guiding the research were outlined. The significance of the study, scope and demarcations were also presented. The study adopted a mixed method design relying on a quantitative household survey and qualitative methods. The full research design, including a detailed presentation of methodologies including sampling, data collection instruments, ethical considerations and analysis of results is described in Chapter 4.

The next chapter provides an outline of the HSCT programme. Included in the chapter are district and community profiles of Epworth and Goromonzi – the two locations selected for this research.

## **CHAPTER 2:**

### **DESCRIPTION OF THE ZIMBABWE HARMONISED CASH TRANSFER PROGRAMME, AND STUDY DISTRICTS**

#### **2.1 Introduction**

The chapter provides a brief background and description of the HSCT programme by tracing its origins, and discussing its policy context. The chapter then presents an outline of the programme's main design features including coverage, targeting, institutional setting, and management and implementation structures. Included in this chapter are district and community profile summaries of Epworth and Goromonzi – two districts selected for the purpose of this research. The purpose of providing the profiles of the study districts and communities is to give an early understanding of the research settings. Epworth is a peri-urban and largely informal settlement. Goromonzi is a rural district with mostly communal, resettled and commercial farmers.

#### **2.2 The policy context of the HSCT programme**

Zimbabwe is a low-income developing country. The context for social protection policy and the HSCT programme in the country is characterised by several factors which interact and form an intricate web of a complex development problem. The key contextual factors most of which were elaborated in the previous sections are summarised here: worsening poverty, vulnerability and inequality trends; HIV and AIDS pandemic; abuse, exploitation and violence against children and women; decline in economic growth; high unemployment and underemployment; population displacements; food and nutrition insecurity among individuals and households; political uncertainty; policy inconsistencies and paralysis in some cases; the state's inability to deliver essential basic services; and threats to human capital development.

Over the years the government of Zimbabwe has crafted and pursued national policies that sought to ensure that the interests of the poor and vulnerable segments of the population are protected, promoted and

transformed through a range of social protection programmes. The programme measures range from labour market interventions, user-fee exemptions for accessing health education and other basic services, civil protection interventions to assist victims of natural disasters such as floods, food aid in times of droughts, price controls, social insurance, livelihoods and resilience programmes, and social assistance programmes. These programmes form the bases of Zimbabwe's social policy, and social protection programmes.

Specific policies targeting the poor and vulnerable groups in Zimbabwe include: Gender Policy; National Orphan Care Policy; HIV/AIDS Policy and Strategic Framework; National Action Plan for Orphans and other Vulnerable Children (NAP for OVC); National Social Protection Policy (NSPP); and the Social Transfer Policy (STP).

The NSPP, STP, and NAP for OVC have particular relevance to the origins of the HSCT programme. The NSPP is the overarching policy framework guiding the systematic implementation and coordination of all social protection programmes in Zimbabwe. All social protection instruments come together under the NSPP to constitute a coherent social protection system. The HSCT is one of the key programmes of Zimbabwe's social protection system. The STP is a specific policy framework for social transfers, both cash and in-kind transfers. It is designed to direct the focus of social transfer programmes to the extremely poor and vulnerable population groups in Zimbabwe (MOLSS 2011:22). The STP prioritises six outcomes for the extremely poor and vulnerable groups:

1. Increased access to complementary welfare support;
2. Restoration of sustainable livelihoods;
3. Asset protection and creation;
4. Human capital formation;
5. Empowerment of marginalised groups and the most vulnerable; and
6. Productivity enhancement (ibid., 20-21).

The HSCT programme is one of the social transfer instruments that channels direct cash payments to the chronically poor and labour constrained households (MOLSS 2011:14). It is currently Zimbabwe's main social transfer programme.

In response to the concern for the welfare of OVC, the Government of Zimbabwe with technical and financing assistance from UNICEF, development donors, and NGOs designed the NAP for OVC in 2004. The first phase of NAP for OVC ran from 2004 to 2010. A second phase began in 2011 and ended in 2015. The third phase (NAP for OVC III) was finalised, and launched by Government of Zimbabwe in December 2016. The NAP for OVC III is designed to contribute to the reduction of extreme poverty through empowering and building resilience in poor, vulnerable and disadvantaged households (Ministry of Public Service, Labour and Social Welfare 2016b:12). The NAP for OVC III has four programme pillars namely:

1. Household economic security,
2. Access to basic social services,
3. Child protection and safeguarding, and
4. Systems strengthening (ibid., 21).

The HSCT is a key component of NAP for OVC III and it is the primary social protection and CT instrument responding to the first pillar. It was introduced in 2011 by the Ministry of Public Service, Labour and Social Welfare through the Department of Social Services (DSS). The HSCT is jointly funded by the Government of Zimbabwe and donors, while UNICEF provides technical assistance and supplementary financial support. The Child Protection Fund (CPF) is the financing mechanism through which donors' and government's funds are channeled to the HSCT. The CPF is managed by UNICEF. Donors contributing to the CPF include the European Commission, the United Kingdom's Department for International Development (DFID), Swedish International Development Agency (SIDA), and the Swiss Agency for Development Cooperation (SDC). DFID is the largest donor to the CPF (UNICEF 2014:7).

## **2.3 Description of the HSCT programme**

### **2.3.1 Programme objectives**

The HSCT is an unconditional cash transfer programme. The overall goal of the programme is to alleviate short-term poverty and encourage long-term human capital development. Its specific objectives are to:

1. Strengthen the purchasing power of 55,000 ultra-poor households which are at the same time labour-constrained,
2. Empower beneficiary households to increase their consumption above the food poverty line, reducing the number of ultra-poor households, and help recipient households to avoid risky coping strategies such as child labour and early marriage,
3. Improve nutrition status, health and education outcomes as well as reduction of mortality for children living in beneficiary household (MOLSS 2014:7).

### **2.3.2 Coverage**

The HSCT programme is present in all 10 provinces of Zimbabwe, and takes place in 19 out of a total of 65 districts in Zimbabwe. On average two selected districts in each of the 10 provinces receive HSCT assistance. The targeted districts are the poorest within the country's 10 provinces. In the context of limited financial resources, the selection of the 19 districts was done using a two-phase approach. During phase 1 between October 2011 and January 2012, the first 9 HSCT districts were selected. The districts were selected based on an analysis of triangulated poverty incidence data from three sources: (1) the 2003 Poverty Assessment Situation Survey (PASS), (2) the 2010 National Nutrition Survey, and (3) the 2010 Zimbabwe Vulnerability Assessment Committee (ZIMVAC) report. The data were adjusted to include a mix of urban and rural populations (UNICEF 2012:7-8). Phase 2 taking an incremental approach, added 10 more districts to the HSCT programme between June and December 2013. The HSCT programme targets all wards in the selected districts. It is expected that the HSCT will eventually be expanded to cover all the 65 districts in Zimbabwe if the government secures

enough funding from various sources including funds from national treasury. The table below shows the 10 provinces in Zimbabwe and their respective HSCT programme districts.

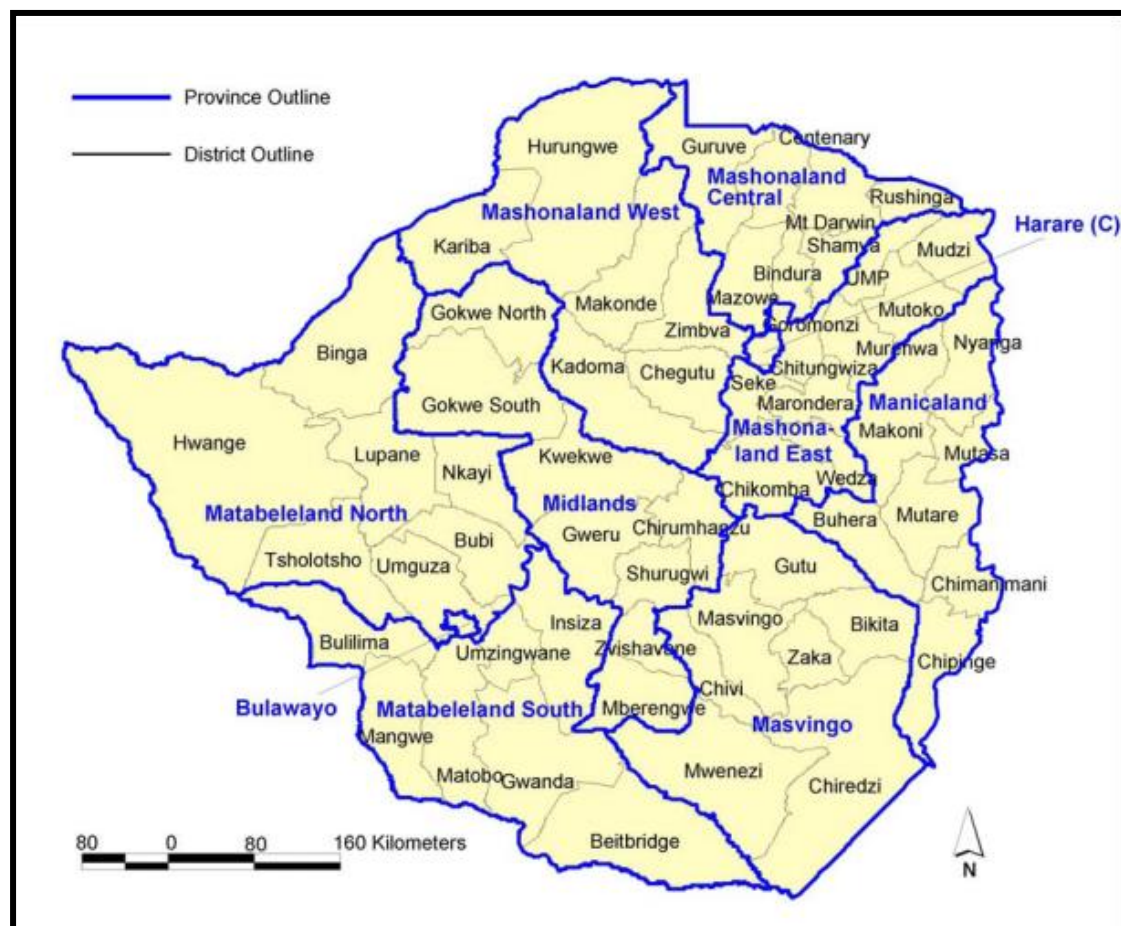
**Table 2.1: Zimbabwe's ten provinces and the HSCT programme districts**

Province	HSCT programme district	Phase 1 district	Phase 2 district
Bulawayo	Bulawayo	√	
Harare	Epworth	√	
	St. Mary's		√
Manicaland	Buhera		√
	Makoni Rusape	√	
Mashonaland Central	Bindura		√
	Rushinga	√	
Mashonaland East	Goromonzi	√	
	Mudzi		√
Mashonaland West	Kariba rural <sup>1</sup> Kariba urban	√	
	Zvimba		√
Matabeleland North	Binga		√
	Umguzi	√	
Matabeleland South	Bulilima		√
	Mangwe Plumtree	√	
Midlands	Gokwe		√
	Zvishavane	√	
Masvingo	Chivi	√	
	Mwenezi		√

Source: MOPSLSW MIS 2016a

<sup>1</sup> Kariba, Mangwe and Makoni are shown as their constituent urban and rural populations.

**Map 2.1: Map of Zimbabwe - provinces and HSCT districts in national context**



Source: UNICEF (2014:4).

### 2.3.3 Beneficiary targeting and verification

The HSCT scheme targets households. According to the HSCT manual of operations, beneficiary households are eligible for assistance under the scheme if they are simultaneously food-poor and labour-constrained. A household is food-poor when:

- Household members live below the food poverty line – suffer from chronic hunger and malnutrition.
- They are unable to meet their most urgent and important basic needs. They take only one or no meal per day; and are not able to purchase essential non-food items like soap, clothing, and school necessities.

- They have no productive assets and receive no regular assistance from relatives, pensions and other welfare programmes.
- They are reliant on begging. (MOPSLSW 2014:7).

A household is labour-constrained when:

- It has no able bodied household member in the age group 18 to 59, who are fit for productive work, **or**
- One household member in the age group 18 to 59 years, who is fit for work has to care for more than 3 dependents (household members that are under 18 years of age or over 59 or are unfit for work because they are chronically ill, or disabled or handicapped or are still schooling) **or**
- A household has a dependency ratio between 2 and 3 but has a severely disabled or chronically sick household member who requires intensive care (ibid.).

The “labour-constrained” criterion is applied in the programme in order to support households that are unable to benefit sufficiently from labour-based instruments such as public works or informal piece jobs (ibid., 8).

The household targeting is conducted through proxy means tests administered by enumerators who are external to the community. According to the MOPSLSW (2014:10) the HSCT follows a two-stage targeting process to identify food-poor and labour-constrained households. First, enumerators collect census data on demographic and poverty proxy indicators from all households in all wards in the selected geographic district (ibid.). Second, a verification process consisting of various checks is done. The purpose of the verification is to improve the quality and accuracy of the targeting process. The verification process may result in a red flag signalling the need for investigations.

The current data on the structure of HSCT beneficiary households is given in the table below: The data shows that HSCT households have more children, orphans, and chronically ill or disabled members. There are more HSCT households headed by females. Some households have labour capacity.



**Table 2.2: Number and structure of HSCT beneficiary households by district**

District name	Total no. of HHs surveyed	Total no. of Beneficiary HHs	No of HHs headed by Elderly	No of HHs headed by Women	No of HHs headed by Children	No of HHs with Children	No of HH Members	No of Elderly HH Members 60+	No. Males 60+	No. of Females 60+	Children below 18	Adults 19 to 59	No of Orphans	No of Orphans Boys	No of Orphans Girls	No. of disabled or chronically ill HH members	Adults Fit for Work 19 to 59	No. of Males Fit for Work 19 to 59	No. of Females Fit for Work 19 to 59
Bindura	24822	2054	1376	1222	9	1399	7895	1831	638	1193	3868	2196	1173	583	590	1702	1028	392	636
Binga	24473	2812	1954	2010	4	1949	11206	2537	717	1820	6128	2541	1090	526	564	1516	1424	274	1150
Buhera	45401	7944	4475	5241	70	6528	35209	5864	1712	4152	19574	9771	3824	1944	1880	6926	4390	1371	3019
Bulilima	15019	2760	1952	1907	16	2273	13674	2615	712	1903	7522	3537	1955	993	962	2329	1850	573	1277
Chivi	32659	3726	2793	2528	12	3157	19284	3972	1301	2671	9512	5800	3365	1668	1697	4400	2485	907	1578
Epworth	25437	293	168	161	0	218	1243	232	94	138	573	438	156	68	88	195	228	95	133
Gokwe	41473	3009	1725	1867	8	2321	12994	2334	723	1611	7142	3518	1661	834	827	2121	1839	567	1272
Goromonzi	33876	1553	1036	936	2	1162	7276	1403	495	908	3297	2576	1157	584	573	1212	1248	523	725
Kariba Rural	6625	461	223	310	0	375	2187	303	99	204	1036	848	270	138	132	445	380	162	218
Kariba Urban	4205	59	20	41	0	42	236	26	8	18	101	109	33	14	19	51	59	20	39
Makoni	52495	4977	3904	3226	14	3900	23207	5326	1771	3555	11068	6813	4194	2095	2099	5619	2789	1084	1705
Mangwe	11950	1774	1238	1166	5	1541	10297	1754	577	1177	5290	3253	1531	788	743	1450	1494	516	978
Mudzi	25895	4316	3138	2824	47	3000	16402	4315	1389	2926	8631	3456	2580	1272	1308	1701	1779	425	1354
Mwenezi	31064	4774	2580	2938	24	4157	25399	3679	1314	2365	14845	6875	3903	2000	1903	3517	3738	1055	2683
Mzilikazi	50220	2765	1700	1760	23	1940	11415	2271	770	1501	5200	3944	1008	472	536	2576	1678	568	1110
Plumtree	2258	28	14	19	0	22	118	17	6	11	59	42	21	8	13	21	23	5	18
Rusape	6160	151	81	109	1	102	639	107	31	76	280	252	72	34	38	148	106	41	65
Rushinga	23492	777	572	492	1	637	3857	816	264	552	1767	1274	585	295	290	631	563	228	335
St Marys	16275	479	242	306	3	338	1816	314	95	219	835	667	214	106	108	366	309	126	183
Umguza	12654	1246	872	648	0	1022	6777	1320	558	762	3329	2128	1087	555	532	1235	972	401	571
Zvimba	50338	4018	2309	1962	12	2921	16299	3191	1269	1922	8027	5081	1378	709	669	3616	2424	920	1504
Zvishavane	12134	1168	907	764	1	965	5945	1243	404	839	2865	1837	981	482	499	1045	788	304	484
<b>Totals</b>	<b>548925</b>	<b>51144</b>	<b>33279</b>	<b>32437</b>	<b>252</b>	<b>39969</b>	<b>233375</b>	<b>45470</b>	<b>14947</b>	<b>30523</b>	<b>120949</b>	<b>66956</b>	<b>32238</b>	<b>16168</b>	<b>16070</b>	<b>42822</b>	<b>31594</b>	<b>10557</b>	<b>21037</b>
Proportion of relevant total		9%	65%	63%	0%	78%		19%	33%	67%	52%	29%	27%	50%	50%	18%	14%	33%	67%

Source: MOPSLSW Management Information System (MIS) (2016a).

### 2.3.4 Cash transfer value

The HSCT benefit level varies by household size. Each eligible household on this programme is entitled to a free, unconditional cash transfer every two months (bi-monthly). Although the beneficiary households are free to spend the transfer in any way they want the programme encourages them to direct the transfers towards households' and children's basic needs including education, health, food and nutrition.

**Table 2.3: HSCT transfer values**

Criteria	Amount per month
1 person household	USD10
2 person household	USD15
3 person household	USD20
4 person household	USD25

Source: MOPSLSW (2014:8).

For households with over four members, the transfer size remains constant. The median cash transfer is set as USD20 per household per month. The HSCT transfer amounts were harmonised with the prevailing (at the time the HSCT was designed) food basket offered to the poor and vulnerable households by other welfare programmes, and payments set by the MOPSLSW for the Public Works programme (ibid.).

### 2.3.5 Payment delivery method and process

The cash transfer is distributed regularly to eligible households on a bi-monthly basis. The HSCT implements a physical cash delivery method through a "Cash in Transit" (CIT) private sector security firm called Securico. Beneficiaries are paid at pay-point meetings organised by DSSOs at ward level and after a pre-disbursement speech by a representative from the DSSO. The speech informs beneficiaries about the objectives of the programme, advises on use of the cash transfer, outlines the payment process, and whom they should approach in case of complaints (ibid., 15).

The HSCT uses a system for beneficiary proxy representation to assist those who have difficulties to travel to the pay-points, for example, the elderly, chronically sick, and disabled. The proxies are registered in the district and

national level MIS. (ibid.). The appointment of a proxy representative is permanent and the beneficiary household can only change a proxy in the event of the representative's death or fraudulent activity by the representative. The proxy can only be changed in consultation with the DSSO (ibid., 18).

At each payment point there are Payment Officers from the DSSO and the delivery agency, WCPC HSCT point persons, occasionally monitoring and quality control teams from Provincial Social Services Office (PSSO), and external observers. UNICEF staff may participate either as observers or sometimes to support actual payment administration (MOPSLSW 2015b:1). Payment procedures are laid out in the manual of operations and the HSCT payment step by step guide.

The first HSCT payment cycle was undertaken from March to April 2012. The second cycle was in May and June and the third cycle was made in July and August 2012 (MOPSLSW MIS 2015). The MIS generates data for each pay cycle and shows number of beneficiaries enrolled in each district, number of beneficiaries on pay schedule, pay sheet amount, number of beneficiaries paid, amount paid, number of households not paid and pay sheet balances. Tables 2.4 and 2.5 below are extracts from the HSCT MIS and provide summary information of payment distributions at district and ward levels for Epworth and Goromonzi.

**Table 2.4: 25th HSCT payment cycle - payment summary information for Epworth district**

Payment Cycle Number and Period	District Name	Ward Number	Number of Hholds on Paysheet	Number Paid	Value Paid in US\$	Number Unpaid	Value Unpaid in US\$
Cycle 25 (Jan - Feb) 2016	Epworth	1	44	42	2,040	2	130
Cycle 25 (Jan - Feb) 2016	Epworth	2	39	39	1,930	-	-
Cycle 25 (Jan - Feb) 2016	Epworth	3	36	33	1,400	3	200
Cycle 25 (Jan - Feb) 2016	Epworth	4	36	36	1,840	-	-
Cycle 25 (Jan - Feb) 2016	Epworth	5	41	38	1,840	3	120
Cycle 25 (Jan - Feb) 2016	Epworth	6	42	40	2,310	2	100
Cycle 25 (Jan - Feb) 2016	Epworth	7	55	50	2,320	5	260
<b>Totals</b>		<b>7</b>	<b>293</b>	<b>278</b>	<b>13,680</b>	<b>15</b>	<b>810</b>

Source: MOPSLSW MIS (2016a)

The table shows that 293 households were on the HSCT pay sheet for the 25<sup>th</sup> payment cycle carried out during the January to March 2016 period. Of the 293, a total of 278 households were paid. Fifteen were not paid for various

reasons. All wards were covered during the pay cycle. Ward 7 had the highest number of households that were paid (50) and also unpaid (5). All HSCT beneficiaries on the pay schedules for wards 2 and 4 were paid their cash transfers. The value unpaid was about 5.9 percent of the total HSCT cash transfer envelope available for Epworth district during this cycle.

**Table 2.5: 25<sup>th</sup> HSCT payment cycle - payment summary information for Goromonzi district**

Payment Cycle Number and Period	District Name	Ward Number	Number of Hholds on Paysheet	Number Paid	Value Paid in US\$	Number Unpaid	Value Unpaid in US\$
Cycle 25 (Jan - Feb) 2016	Goromonzi	1	148	146	6,780	2	140
Cycle 25 (Jan - Feb) 2016	Goromonzi	2	90	89	4,360	1	120
Cycle 25 (Jan - Feb) 2016	Goromonzi	3	63	63	2,830	-	-
Cycle 25 (Jan - Feb) 2016	Goromonzi	4	195	194	9,280	1	50
Cycle 25 (Jan - Feb) 2016	Goromonzi	5	94	93	4,330	1	60
Cycle 25 (Jan - Feb) 2016	Goromonzi	6	9	8	450	1	40
Cycle 25 (Jan - Feb) 2016	Goromonzi	7	12	12	470	-	-
Cycle 25 (Jan - Feb) 2016	Goromonzi	8	23	23	980	-	-
Cycle 25 (Jan - Feb) 2016	Goromonzi	9	32	29	1,260	3	180
Cycle 25 (Jan - Feb) 2016	Goromonzi	10	209	206	9,120	3	90
Cycle 25 (Jan - Feb) 2016	Goromonzi	11	164	160	7,270	4	350
Cycle 25 (Jan - Feb) 2016	Goromonzi	12	94	93	4,660	1	90
Cycle 25 (Jan - Feb) 2016	Goromonzi	13	6	6	390	-	-
Cycle 25 (Jan - Feb) 2016	Goromonzi	14	5	5	290	-	-
Cycle 25 (Jan - Feb) 2016	Goromonzi	15	98	95	4,480	3	360
Cycle 25 (Jan - Feb) 2016	Goromonzi	16	139	137	6,650	2	100
Cycle 25 (Jan - Feb) 2016	Goromonzi	17	18	18	1,020	-	-
Cycle 25 (Jan - Feb) 2016	Goromonzi	18	41	41	1,760	-	-
Cycle 25 (Jan - Feb) 2016	Goromonzi	19	2	2	60	-	-
Cycle 25 (Jan - Feb) 2016	Goromonzi	20	31	30	1,550	1	40
Cycle 25 (Jan - Feb) 2016	Goromonzi	21	20	19	1,030	1	20
Cycle 25 (Jan - Feb) 2016	Goromonzi	22	41	33	1,750	8	370
Cycle 25 (Jan - Feb) 2016	Goromonzi	23	13	13	470	-	-
Cycle 25 (Jan - Feb) 2016	Goromonzi	24	4	4	200	-	-
Cycle 25 (Jan - Feb) 2016	Goromonzi	25	10	10	340	-	-
<b>Totals</b>		<b>25</b>	<b>1,561</b>	<b>1,529</b>	<b>71,780</b>	<b>32</b>	<b>2,010</b>

Source: MOPSLSW MIS (2016a)

### 2.3.6 Change management

Changes in the structure of beneficiary households (demographic shifts) are handled through a change management process. It is a formal process of recording and effecting changes to the pay schedule in the MIS in the event of the following occurrences:

- The head of a one-person beneficiary household dies, or
- A household moves out of the programme area, or
- A household dissolves completely.

In all three cases, cash transfer payments have to be discontinued and names of the affected beneficiaries removed from the pay schedule (MOPSLSW 2014:17-18).

### **2.3.7 Bi-annual retargeting of beneficiaries**

According to the HSCT manual of operations beneficiary households should be retargeted every two years in order to adapt the programme to demographic and socio-economic shifts *ibid.*, 19). The changes may include:

- New households have become eligible.
- Some beneficiary households have dissolved.
- Some beneficiary households no longer meet eligibility criteria because of life cycle transitions for example; children have grown up and can join the labour market.
- The number and composition of households have changed.

The HSCT bi-annual (re)-targeting exercise which can also serve as the programme's exit strategy involves the following processes:

- Re-approving all current beneficiary households that are still labour-constrained. Beneficiaries that are still labour-constrained have to be re-approved even if their economic status has improved. This ensures they do not fall back into extreme poverty.
- Phasing out those beneficiary households that are no longer labour constrained.
- Updating the size of the transfers to the present number of household members.
- Approving additional households that have become extremely poor and labour constrained since the last targeting was undertaken (*ibid.*).

### **2.3.8 Grievance mechanism**

According to the HSCT manual of operations “[a]ll complaints and the follow-up to complaints are recorded at district level” with programme management at CPO receiving periodic reports on complaints and actions taken or intended

to address the grievances (ibid., 19). Beneficiaries or community members can also directly approach DSSOs and WCPC members to lodge their complaints.

### **2.3.9 HSCT management and implementation structure**

The HSCT is managed and implemented at four levels: national, provincial, district and ward. The MOPSLSW is the institutional home of the programme. The Department of Social Services (DSS) housed within the MOPSLSW has overall responsibility for programme leadership, management and ensuring effective implementation of the HSCT at all levels. At headquarter level the DSS has key staff members dedicated to the programme: Senior Social Welfare Officer, Programme Officers, MIS specialist and an Accountant. The DSS Deputy Director oversees the work the CT staff. The primary tasks of the HSCT staff within DSS at headquarter level are: planning and control, verification of targeting survey data, capacity development, information management systems, finance and administration, and advocacy and partnerships. At central level DSS coordinates with UNICEF to contract and monitor private sector service providers who deliver specific components of the HSCT programme for example the payment delivery agency, and the agency that carries out the targeting survey. The DSS also ensures that implementation of HSCT is in accordance with the NAP and social protection, and social transfers policy guidance (ibid., 22).

The DSS provides the sub-national management and implementation structures and resources that drive the HSCT programme. The provincial offices guide, supervise and control the implementing district offices. The Provincial Social Services Officer (PSSO) oversees the HSCT programme implementation and management at provincial level. The district offices have overall responsibility for ensuring that all district level stakeholders implement the programme efficiently and effectively and in accordance with the manual of operations and official directives and guidance from national and provincial offices (MOPSLSW 2014:23-24).

The DSSO heads the district office and ensures that all district social services programmes are implemented in accordance with district plans, policies and manual of operations. The DSSO is assisted by a Social Services Officer (SSO), Assistant SSO and an Accounting Assistant (ibid.).

At the ward, village and household level the DSS is assisted to carry out its HSCT programme delivery mandate by the Ward Child Protection Committees. The WCPC structures were in existence before the HSCT scheme started. They work on a voluntary basis. Membership of the WCPCs varies but generally but generally consists of community members (MOLSS 2012:19). The number of members varies with context, community needs and the strength of social capital in a community. One WCPC had 12 members and another had 43 (ibid.). The WCPCs are part of the implementation structure for the HSCT programme at ward, village and household levels. Within each WCPC are named focal persons who work collaboratively with, and in coordination with the district offices. According to the MOPSLSW (2014:44-46) the main roles and responsibilities of WCPC in the implementation of the HSCT programme are:

- i. Assist in the verification of targeting census results and ensure that all areas of the ward and all households are covered.
- ii. Passing information to beneficiary households for example on approval into the programme, date, time, and location of payments as well as general communications between household and communities at the ward and district levels.
- iii. Assisting immobile heads of beneficiary households to access their payments.
- iv. Assisting the payment process.
- v. Follow up when households have failed to collect their payments.
- vi. Inform the DSSO when the head of a household has passed away or has moved out of the ward.
- vii. Inform the DSSO when a representative has to be changed.
- viii. Assist and protect beneficiary households with special reference to child-headed households.

The WCPC focal persons were trained in various delivery aspects of the HSCT programme including targeting, community verification, and payment processes. The manual of operations states that in order to facilitate the execution of their roles and responsibilities on the programme the WCPC focal persons should be provided with three bicycles for transport to visit beneficiary households and to deliver forms to the DSSO; copies of manuals of operation, and a file containing blank copies of HSCT forms (ibid., 46).

UNICEF is a key part of the coordination, implementation and management structure of the HSCT programme. It has fund management and technical assistance roles on the programme. UNICEF manages the multi-donor basket of funds through which donors channel their funds to the programme. UNICEF is accountable to donors for the management and proper use of the HSCT funds, monitoring results and managing risks and handling all procurement activities in the HSCT, for example contracting the delivery and targeting agencies (UNICEF 2011:27). As a technical partner to the MOPSLSW, UNICEF provides bespoke technical assistance and capacity development support to the DSS. At payment distribution points UNICEF's role is to observe the payment process, and where requested by DSS provide support in the actual administration of payments (MOPSLSW 2015b:1).

**Table 2.6: HSCT at a glance**

Year started	2011
Status	Active. Officially ending 31 May 2016
Programme goals	Alleviate short-term poverty and encourage long-term human capital development
<b>Targeting</b>	
Target population	Extremely poor and labour-constrained households
Targeting method	Geographic targeting of districts based on poverty incidence, and proxy means testing with community verification
Coverage	Aims to reach 55,000 households in 19 districts
<b>Household benefits</b>	
Benefit structure	1 person household → USD10 2 person household → USD15 3 person household → USD20 4 person household → USD25
Payee	Head of household or registered proxy
Payment method	Physical cash delivery by a private sector agency (CIT) at selected cash pay points in targeted wards



Payment frequency	Every two months
Duration	As long as eligible. Retargeting every two years.
Additional benefits	Child protection referrals. School going-children from HSCT households qualify for education assistance (scholarship) under the Basic Education Assistance Module (BEAM).
Conditions	None: HSCT is an unconditional cash transfer. Beneficiaries are free to spend the CT in any way they want.
<b>Programme Administration</b>	
Institutional setting	Department of Social Services in the Ministry of Public Service, Labour and Social Welfare
<b>Information Management System</b>	
MIS	Yes, and housed in the MOPSLSW at central level. The MIS for the HSCT houses beneficiary information (names of heads of households and official proxy representatives) including verification and change management data; generates pay sheets; and stores reconciliation records.

## 2.4 Epworth settlement profile

### 2.4.1 Background

Epworth is a peri-urban and predominantly informal settlement within Harare province. It is located about 12 kilometres south east of Harare city centre, the country's capital. Epworth is famous for being host to the balancing rocks that featured prominently on Zimbabwe's original bank notes. The rocks are popular with both domestic and international tourists.

According to the Epworth Local Board (ELB) (as cited in Chatiza and Mlalazi 2009:12), Epworth attained local government area status in 1986 through proclamation by Statutory Instrument 75 of 1986. The proclamation led to the establishment of a local authority - the Epworth Local Board, in terms of the Urban Councils Act (Chapter 29:15) (Chirisa and Muhomba 2013:951). The ELB's primary responsibilities include: managing the affairs of Epworth area, providing basic services to local residents, regularise existing and future development, and collection of rates and other official levies (ibid.).

Although formal recognition of the settlement by the post-independence government of Zimbabwe came in 1986, Epworth settlement's history dates back to about 1890. According to Dialogue on Shelter for the Homeless Trust in Zimbabwe (DSHZT) (2009:11) Chiremba, a name for a traditional healer in

the local Shona language, was the first settlement to be established in Epworth in the late 1890s. The settlement was named after a local traditional healer and polygamist called Chihota, who was the first person to live in Epworth. A small local community was resident in Chiremba at the time. Epworth's evolution began when the British South Africa Company (BSAC) granted land to Reverend Isaac Shimmin of the Methodist Wesleyan Mission (Chatiza and Mlalazi 2009:12; Chirisa and Muhomba 2013:951; Dialogue on Shelter for the Homeless in Zimbabwe Trust [DSHZT] 2009:2). Following the donation of land, the Methodist Church Mission bought two additional adjoining farms in the area: Glenwood in 1904 and Adelaide in 1908. The Methodist Church was able to establish Epworth as a church mission station on the acquired land including Chiremba where a small local community was already resident. The DSHZT (2009:13) avers that the Methodist church missionaries convinced Chihota, the traditional healer residing in Chiremba to convert to the Christian faith. Chiremba then evolved as a church mission "with occupancy [of land] strictly based on church affiliation" (ibid.). The church's administrative offices were located in Chiremba. According to Butcher (as cited in Chirisa 2013:12) there were about 500 families resident at the mission station by 1950, and each had been allocated about 4000 square metres of land for residential and agriculture use. The allocation of land to the church families did not come with legal title. It was in reality permission to occupy on the land.

As Zimbabwe's war of liberation peaked between 1970 and 1980 many people fled their homes in the country side and moved to settle illegally and informally in Epworth. The population of Epworth increased rapidly during this time. Chirisa and Muhomba (2013:951) state that: "[people] found it easy to settle in Epworth because there was no direct local authority that could control the movement of people and development like in other urban archetypal settlements." Butcher (as cited in Chirisa 2013:13) makes the point that Epworth's proximity to Harare made it a strategic destination for migrants seeking social, economic and income opportunities. Some of the fleeing migrants worked as domestic servants in the low density and affluent suburbs near Epworth. In the early 1980s following Zimbabwe's attainment of

independence from Britain more people moved into cities in search of economic opportunities and better standards of living. Epworth with its informality offered itself as a settlement destination. Meanwhile the Methodist church could not control the huge influx of people as they did not have the administrative means nor the legal jurisdiction to do so as the area had not been planned as an urban settlement area. The Epworth population had grown to about 35,000 between 1970 and the early 1980s (ibid.). People who had been originally allocated land for agricultural use by the church illegally and informally subdivided, and sold pieces of land to the in-coming migrants. Most of these new areas where migrants were settling became known as “extensions” as they were adjoined to the four original villages of Epworth – Chiremba, Makomo, Zinyengerere and Chinamano (Chitekwe-Biti, Mudimu, Masimba-Nyama and Jera 2012:132). Other migrants simply allocated themselves own pieces of land in previously unoccupied areas and settled there.

Faced with the huge influx of people, lack of administrative capacity, and funds for the provision of basic services and infrastructure to the growing population in Epworth, the Methodist church donated a large portion of its land to the national government of Zimbabwe in 1983 (DSHZT 2009:2; Chirisa and Muhomba 2013:951; Chatiza and Mlalazi 2009:12). Following the donation, the central government froze all unauthorised developments in the area, took an aerial photograph of the settlement, appointed the ELB to manage the affairs of the area, and began formal urban development processes to guide orderly development of the settlement (ibid.). The central government intended Epworth settlement to be upgraded and eventually be incorporated into the City of Harare administrative and legal jurisdiction.

It must be pointed that the ELB’s authority over Epworth has been disputed by some residents in Epworth who colloquially call themselves “originals” of the settlement and are therefore not bound by the ELB whose establishment came after they had already settled in the area. The “originals” were the early settlers who had some connection with the Methodist church “either as followers, employees at the church farms or immediate relatives of the early

settlers” (Chatiza and Mlalazi 2009:13). Some of the “originals” believe Epworth is their “ancestral land” and claim their forefathers bought the land from the BSAC, the governing authority at the time. It is on this basis that they claim “they had the right to administer Epworth instead of the local authority” (Chirisa and Muhomba 2013:954). According to Chatiza and Mlalazi (2009:12) a residents association representing some 13,093 households was formed in 1991 following state-sanctioned demolitions of illegal housing structures in Epworth. It challenged the legality of the ELB in Zimbabwe’s High Court and successfully interdicted the local government elections in the area in 1999. Despite this court challenge the ELB remains the officially and legally recognised local authority running the affairs of the peri-urban settlement. In its quest to bring sanity to the local government area, in 2001 the ELB won an eviction order against 6,000 informal settlers but failed to execute the order due to political interference (ibid., 958).

#### **2.4.2 Settlement characteristics**

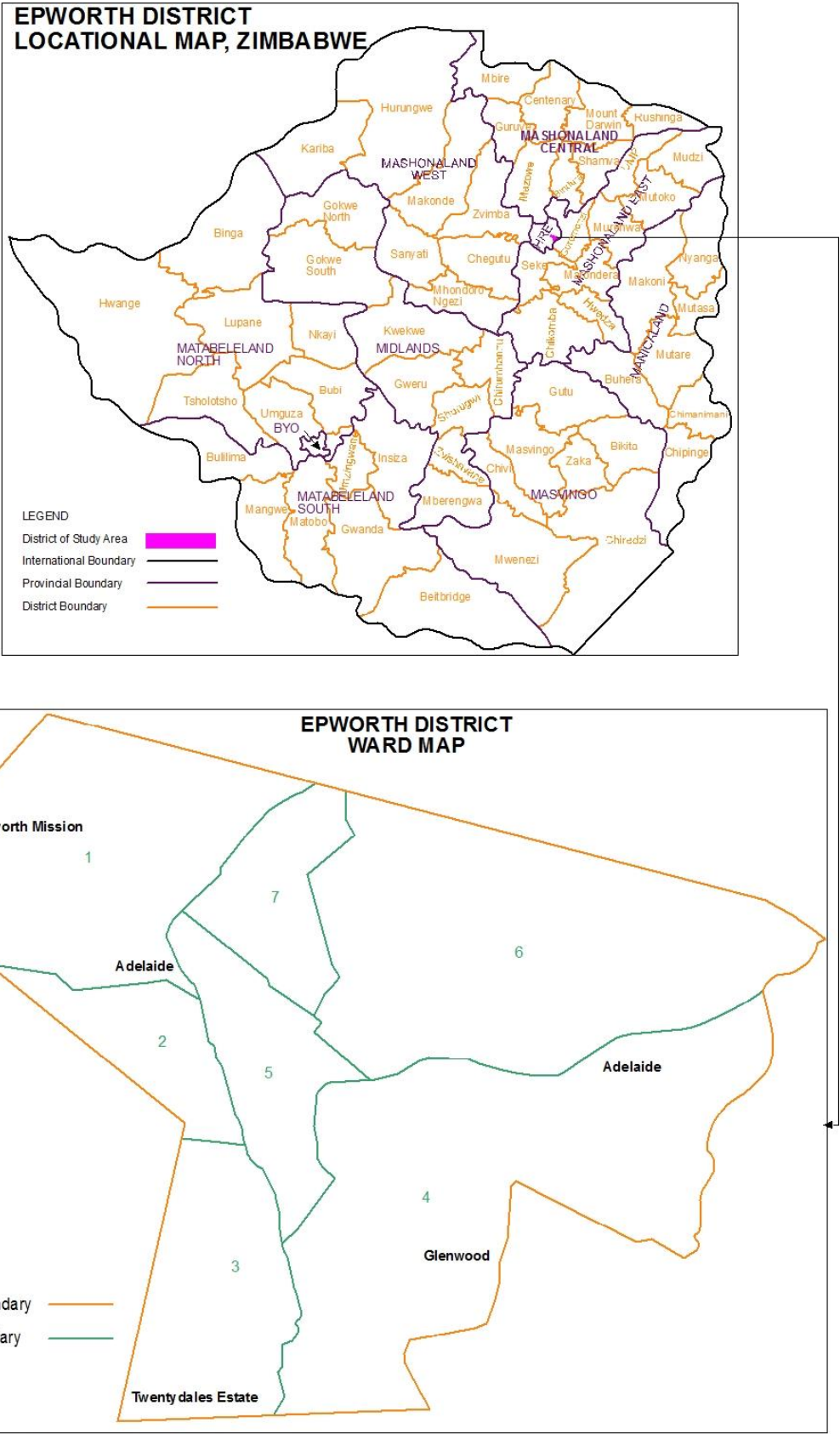
Epworth is divided into seven administrative wards. According to DSHZT (2009:9) Epworth community members “are less familiar with ward boundaries” but more comfortable with area names for example: Chiremba, Makomo, Domboramwari, Muguta, Chinamano, Jacha, Overspill, MaGada, Zinyengerere. Ward names do not necessarily coincide with the areas names mainly because Epworth is not a properly planned urban residential settlement. The administrative wards in Epworth comprise of residents who can be classified into three distinct categories:

- I. Ward 1: Chiremba also known as Muguta, and Makomo areas; and Ward 4: Chinamano and Zinyengere areas. The early settlers or “originals” that had something to do with the Methodist church are found in wards 1 and 4.
- II. Wards 2, 3 and 5: The residents here are predominantly settlers who came into Epworth at the peak of the liberation struggle and the early years following Zimbabwe’s independence in 1980. They moved in before the establishment of the ELB. It must be underscored that this group of residents have no historical links with the “originals” resident

in wards 1 and 4. The areas in wards 2, 3 and 5 are generally referred to as “extensions,” for example, Muguta Extension, Makomo Extension, and Chinamano Extension. This is because the areas are adjacent to the areas where the “originals” settled (Chirisa and Muhomba 2013:952).

- III. Wards 7: It is occupied by the largest and last group of settlers in Epworth. The area is colloquially referred to as “Gada” or “Magada”, which means “free riders.” The ward 7 area is formal and planned but the residents are illegal and informal occupants (DSHZZT 2009:34).

**Map 2.2: Epworth district in national context**



Source: Department of the Surveyor-General, Zimbabwe (2016)

### 2.4.3 Demographic characteristics

The population figures in Epworth vary by source. Media, official and independent research statistics show great variations. This is primarily because the settlement has not been properly planned for residential settlement. Informal and illegal land occupations have persisted over time. It must be underscored that the ELB with assistance from central government and non-governmental organisations is doing all it can in the face of limited resources to regularise and upgrade the settlement. According to the official national population census conducted by the Zimbabwe National Statistics Agency (ZimStat) in 2012 Epworth has 167,462 people, with males at 50.2 percent slightly outnumbering females at 49.8 percent. The number of households counted was 47,028 (ZimStat 2012:137). The distribution of the Epworth population by sex, total number of households, and household size is provided in the table below.

**Table 2.7: Epworth population distribution**

District	Males	Percent	Females	Percent	Total	Percent	Sex ratio	Households	Average
Epworth	83983	50.2	83479	49.8	167462	100.0	101	47028	3.6

Source: ZimStat (2012:137).

More recent data from the 2015 Zimbabwe Poverty Atlas put the official population figure for Epworth at 166,077 people, and 46,012 households. The average household size was 3.6 members. Ward 7 has the highest number of people at 39,254 followed by ward 1 with 31,302. Ward 2 has the lowest number of residents at 14,744. (ZimStat 2015a:306). The distribution of the Epworth population by ward and number of households is provided in the table below:

**Table 2.8: Epworth district - population distribution by ward and number of households**

Ward Number	Population	Number of Households
Ward 01	31,302	8,872
Ward 02	14,744	4,280
Ward 03	15,851	4,308
Ward 04	23,108	6,159
Ward 05	16,189	4,504
Ward 06	25,629	7,151

Ward Number	Population	Number of Households
Ward 07	39,254	10,738
Total	166,077	46,012

Source: ZimStat (2015a:306).

#### 2.4.4 Socio-economic characteristics

The peri-urban settlement of Epworth is caught in a vicious cycle of poverty, informality, and illegality. The settlements in Epworth face acute problems of health, water, sanitation, environmental, and electricity services. The settlements are also havens for criminal activities ranging from petty to serious crimes. The ELB faces significant challenges in carrying out its mandate of regularising and upgrading the settlement, and orderly development planning including service provision because of resource and capacity limitation, and that most of the informal and illegal settlers occupy sites earmarked for health, education, electricity and road infrastructure development projects (Chirisa and Muhomba 2013:952).

According to ZimStat (2015a:212) Epworth had a poverty prevalence of 64.5 percent. Ward 5 had the highest poverty prevalence pegged at 66.6 percent while ward 4 had the lowest pegged at 62.5 percent. The settlement is an example of an urban area with a large number of poor people and high poverty rates. It has some of Harare province's poorest households (ibid.). The table below shows poverty prevalence for households by ward in Epworth district (ZimStat 2015a:306).

**Table 2.9: Epworth district - poverty prevalence for households by ward**

Ward No.	Population	No. of Hholds	No. of Poor Hholds	No. of Non-Poor Hholds	Average Hhold Size	Poverty Prevalence	Poverty Gap Index	Poverty Severity Index	Gini Index
Ward 01	31,302	8,872	5,627	3,245	3.5	63.4%	23.5%	11.6%	30.3%
Ward 02	14,744	4,280	2,718	1,562	3.4	63.5%	23.1%	11.2%	29.2%
Ward 03	15,851	4,308	2,852	1,456	3.7	66.2%	25.2%	12.7%	30.2%
Ward 04	23,108	6,159	3,851	2,308	3.8	62.5%	23.3%	11.6%	30.9%
Ward 05	16,189	4,504	2,998	1,506	3.6	66.6%	25.3%	12.7%	29.6%
Ward 06	25,629	7,151	4,688	2,463	3.6	65.6%	24.3%	11.9%	29.3%
Ward 07	39,254	10,738	7,129	3,609	3.7	66.4%	24.8%	12.2%	29.2%
Total	166,077	46,012	29,862	16,150	3.6				



A district and ward analysis of social deprivations conducted by UNICEF and ZimStat in 2015 shows the ominous patterns of social inequalities and persistent social deprivations in Epworth. The analysis focuses on the situation of women and children and is based on the Zimbabwe 2012 census and population data. The analysis shows that while the urban female teenage marriage rates are lower than the rural, Epworth ward 6 stands out as an outlier for this indicator with 87 percent. This may imply the girl child in Epworth is less protected against early marriages (UNICEF and ZimStat 2015:26). Epworth district is one of the four districts with the highest proportion of teenage mothers with its proportion pegged at 27 percent. This indicator is the proportion of girls aged 15-19 years who have given birth (ibid.). Epworth district is amongst the worst districts with regards to children under 5 in possession of a birth certificate. Its index is in the 14.4 to 27.0 percent category (25 percent for Epworth wards 4 and 5) which represents the worst category (ibid., 32). Birth certificate possession is related to service delivery from the state. As the figures for Epworth are low it means that service delivery is poor in the district.

The proportion of population under the age of five is taken as one of the best proxy indicators for poverty. In Harare province and in the whole country the proportion of under-fives is highest in Epworth with wards 5 and 6 standing out with values above 18 percent (ibid., 56).

While youth unemployment is high in Epworth, the district performs better than other areas in this indicator with 18 percent. The worst districts are found in the 20.1 to 39.4 percent category (ibid., 33). A study by Msindo, Gutsa and Choguya (2013:174) found that a number of settlers in Epworth were not formally employed but were engaged in menial jobs including street vending. Chirisa (2013:164) makes a similar point: "[Epworth] Households have turned public spaces like roadsides as spaces in which they display their wares and goods for sale." Vending is a trade practiced largely by women in Epworth. Msindo *et al.* (2013:174) assert that this is because women's mobility is limited and spend most of their time on household chores and responsibilities. Other informal trades practiced by residents of Epworth include self-

employment enterprises such as sand extraction, brick moulding, welding, carpentry, and tyre and shoe repairs. It must be pointed out that not all residents in Epworth are working in the informal sector. Some are formally employed as civil servants, for example teachers and health workers, while others work in the formal industrial sector. ZimStat (2013a:105) provides an official account of the percent distribution of the economically active persons by age group and activity in Epworth as shown in the table below.

**Table 2.10: Percent distribution of the economically active persons by age group (15 years and above) and activity: both sexes**

District	Paid employee %	Casual employee %	Employer %	Communal resettlement farmer %	Own account worker	Unpaid family worker	Unemployed %	Total %
Epworth	23.2	19.8	-	0.4	32.0	1.5	23.1	100.0

Source: ZimStat (2013a:105).

The statistics in the table above shows that a majority of the economically active persons in Epworth are on account workers who operate their own economic enterprise for own consumption or profit, for example petty traders, carpenter with or without paid employees (ibid., 124). The proportion of unemployed is high at 23.1 percent. As pointed earlier Epworth settlement had land reserved for agriculture activities when it was first established. However, the table shows that the proportion of communal resettlement farmers is low at 0.4 percent which means that agriculture lost its place as a livelihood and economic activity in the settlement.

While the Government of Zimbabwe acknowledges that education is a basic right, for children living in Epworth, access to formal education and education attainment are nightmares. While the net attendance rate for primary education in Zimbabwe is a good result with limited disparities, Epworth ward 3 stands out in the poorest ward quartile. The net attendance rates at secondary school level shows Epworth wards 3 and 1 performing poorly and in the red categories with 51 and 59 percent figures respectively (UNICEF and ZimStat 2015:59). Data for out-of-school children in the 6-16 years category shows a national average of 7.6 percent. Epworth's ward 3 has an out-of-school proportion (6-16 years) of 11.4 percent (ibid., 60). The proportion of those who have "Never been to school" (including those that enter school late) is 5 percent in Epworth's ward 3 (ibid., 39). In Harare province, low levels of

education attainment for youths (20-24 years) are concentrated in Epworth wards. Epworth ward 3 is the worst with a figure of 19 percent (ibid., 61). Msindo *et al.* (2013:177) found that several factors account for children's limited access to education at the few government schools in Epworth district. Local schools did not enrol children from informal settlements as they were considered to be of no fixed residential addresses and could not produce proof of residence; many of the poor households can't afford to pay the "expensive" fees; children do not possess birth certificates; and the few government schools are distant from residential areas. Due to the predominantly informality of Epworth settlement, a number of private schools run by unqualified teachers operate illegally (ibid.). The illegal schools cater for those who cannot make it in to formal schools mainly for the reasons cited above. The major disadvantage is that children attending illegal schools are not eligible to write examinations set by the country's official examinations institution – the Zimbabwe School Examinations Council. To overcome this challenge some students go through the illegal schools and look for places at officially registered centres to write their examinations.

Criminal activities are a common occurrence and a major problem in Epworth. Some have described this phenomenon as social decay and a clear case of Epworth "turning back on its Christian roots." Focus Group Discussion participants in a study carried by Msindo *et al.* (2013:178) stated that Epworth is a haven for "some of the most wanted criminals." Criminal activities reported as occurring in the ward 7 area included theft, burglary and rape cases. Brewing and selling of illicit beer, and commercial sex work were also rampant in the area (ibid.). According to Chirisa and Muhomba (2013:960), "[t]he local police have confirmed that ward 7 is a hideout for criminals. The police find it difficult to trace these criminals given the building density in the area, which is very high, and the structures that are [not] numbered."

There is a huge gap between the demand for basic services and the actual provision. Access to electricity, improved water source, sanitation and health services for Epworth residents is poor because the settlement was not originally planned as an urban residential area; most of the informal settlers

occupy sites earmarked for schools, clinics and hospitals, electricity sub stations, and water and sewer reticulation systems; and resources and capacity constraints faced by the ELB. According to UNICEF and ZimStat (2015:62) there are few households with access to electricity in Epworth. Electricity is mostly available at some government schools, shopping centres and offices such as at ELB. Electricity infrastructure is present in some areas for example Overspill, but there are no transformers to enable connections to households (DSHZN 2009:31). Access to electricity is below 5 percent in wards 5, 6 and 7. Chirisa and Muhomba (2013:956) found that only 2 percent of respondents in their study in ward 1 have access to electricity. Fire wood, cooking gas, paraffin and candles are used as sources of energy in most parts of Epworth. The water and sanitation situation in Epworth poses serious threats to the health of residents. With a majority of Epworth residents living in overcrowded, unplanned, un-serviced and informal areas, residents have little to no access to portable water, use unsafe sources of water in the form of unprotected open wells, and pit latrines for sanitation. A study by Msindo *et al.* (2013:177) reports that one borehole in the Komboniyatsva area was serving more than 150 households, a situation which forced other residents to turn to unprotected water sources. According to Nyamvura and Brown (as cited in Chirisa 2013:16) the Ministry of Local Government Rural and Urban Development with technical and assistance from Blair Research Laboratory drilled 290 protected tube wells and constructed 1,000 toilets. An international organisation, Plan International, complemented government efforts and constructed sewer, electricity and water reticulation systems (*ibid.*). A profiling exercise conducted in Epworth found that in areas such as Chiremba, the water reticulation system and sewer pipes were installed but were not functioning. The water systems had low pumping capacity resulting in residents not getting any water in their households (DSHZN 2009:11).

Access to health services is limited for Epworth residents. Health services are provided by two clinics in the area: one in Chiremba (ward 1) built by the Methodist church mission, and a second one Epworth clinic in Domboramwari built and run by the ELB (DSHZN 2009:15,41). The supply of health services is outstripped by demand as the two clinics cannot cope with the huge

population numbers in Epworth. It must be underscored that the two clinics are located in settlements that are formally recognised by the ELB. According to Chirisa and Muhomba (2013:959), reports from Epworth clinic show that cases of waterborne diseases such as cholera and typhoid peak during the rainy season. The main source of the health problem is ward 7 (Magada area) as the area has no protected water sources. Reports also indicate that cases of tuberculosis were also high in ward 7 as residents lived in poor, overcrowded and dusty conditions.

The quality of houses constructed by many residents in Epworth does not meet building by-laws. Chirisa (2013:182) states that “[g]enerally, houses in Epworth (especially in the part with new informal settlers) are characterised by irregular stands, in terms of shapes and sizes, coupled by poor construction materials (grass, plastics, poles and dagga). In Chinamano extension, although most of the houses are built from brick, a majority of them were built without approval from the ELB. The houses are old and in states of dilapidation. There are at least three structures or shacks build on each piece of land (DSHZZT 2009:18).

The land and housing tenure arrangements in Epworth are complex primarily because the settlement had not been planned as an urban residential area. In addition, regularisation and upgrading of the settlement have been hindered by the ELB’s lack of resources and capacity. The authority of the ELB over the affairs of Epworth has also been contested by original settlers. None of the residents in all wards have title deeds to the land or houses they live in. In areas which are formally recognised by the ELB, for example Chiremba and Chinamano extension residents have signed lease agreements with the ELB. The ELB issued “cards” to residents with lease agreements and they must produce the cards when they pay their monthly rates of \$3.00 to the local board (ibid., 13,18). In other areas such as Zinyengerere extension residents settled illegally and informally on land belonging to the ELB. Surprisingly the residents entered in to some form of arrangement with the ELB in which they pay monthly rates to the local authority even though they are illegal and informal settlers (ibid., 22). Chirisa (2013:165) investigated the status in

accommodation of Epworth residents and found that “there is a wide array of housing tenure arrangements.” The types are: owner or purchaser type (37 percent); lodging (30 percent); tenancy (15 percent) and property held in trust by a friend (2 percent). Chirisa makes a distinction between lodging and tenancy, “where the former refers to a housing arrangement in which the owner uses part of the stand or house and then sublets the other rooms. Tenancy ... mean[s] that the owner is completely absent on-plot. Normally he or she only visits (from where he or she resides) to collect rentals” (ibid.).

In discussing the socio-economic characteristics of Epworth it must be underscored that the government clean-up exercise, Operation Restore Order, carried out in 2005 resulted in an influx of people into Epworth. The people fled the forced evictions and demolitions of their informal and illegal housing structures in their places of initial or original settlement. Ironically the ELB had planned to demolish 17,000 illegal and informal houses in Epworth under the same government clean-up programme (Chirisa and Muhomba 2013:958). Following the intervention of the UN Special Envoy, government suspended the clean-up exercise country-wide and it is this move that saved the settlement of Epworth from intensified demolitions. Only 500 illegal houses or structures were demolished in the early phase of the clean-up exercise in Epworth (ibid.). Epworth was largely treated differently from other informal settlements demolished elsewhere in the capital and other cities. The effects of the clean-up exercise on Epworth were to increase demographic pressure, exacerbate informality, and further constrain the ELB’s upgrading and regularisation plans.

Wards 1 and 5 in Epworth were selected for this research. A full description of the sampling strategy for site selection is provided in the research methodology chapter.

### **Box 2.1: Epworth district summary profile**

- Located in Harare province, 12 kilometres south east of Harare city centre.
- Settlement dates back to 1890.
- Evolved from a Methodist church mission station to a local government area run by a local board. ELB established in 1986.
- Regularising and upgrading the settlement ongoing but constrained by lack of resources and ELB capacity.
- Divided into 7 administrative wards. Ward boundaries do not necessarily coincide with area names.
- Three distinct categories of residents – early settlers (“originals”), pre and post-independence settlers with no links to early settlers, and a new breed of informal settlers referred to as “free-riders.”
- Approximately 70 percent live in overcrowded, unplanned, un-serviced and informal and illegal settlements.
- Ward 05 has highest poverty prevalence rate at 66.6 percent
- Official population figure is 167,462 people.
- Ward 7 has the highest number of residents with 39,254.
- Epworth has a high number of children under-5 years of age.
- Wide array of land and housing tenure arrangements.
- Limited to no access to basic services – portable water, sanitation, electricity, education and health.
- Poor housing structures which include shacks.
- High rates of female teenage marriages and teenage mothers.
- High rates of criminal activities.
- Majority of residents employed in the informal sector. Street vending a common trade.

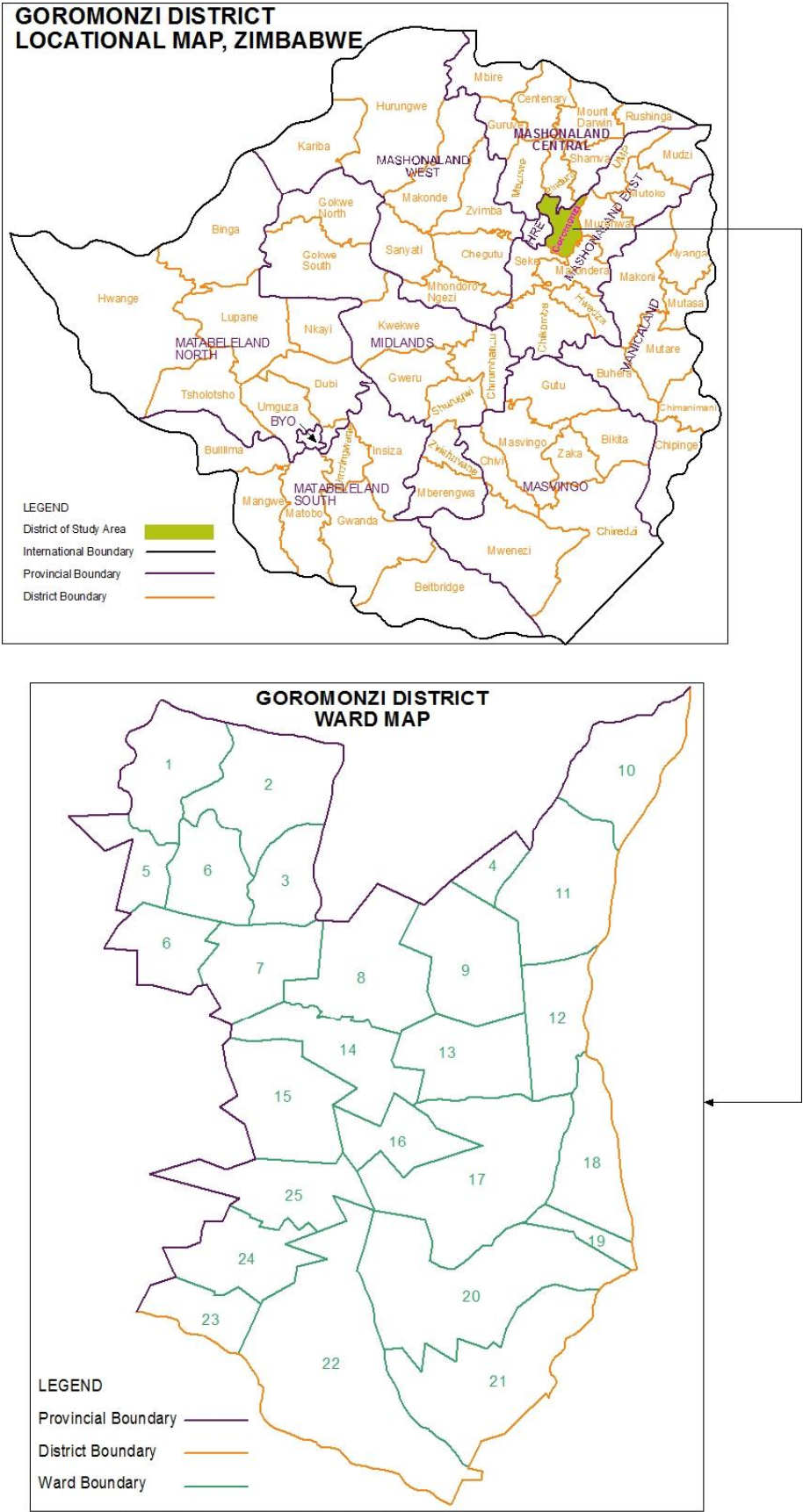
## **2.5 Goromonzi district profile**

### **2.5.1 District overview**

Goromonzi district is one of the nine districts of Mashonaland East Province in Zimbabwe (see map 3.1). Goromonzi district is located approximately 50 kilometres east of the capital city, Harare. The district shares boundaries with other districts in the province, for example Marondera, Murehwa, and Seke; and other districts outside the province, for example Bindura, Shamva and Mazowe in Mashonaland Central. The district is predominantly rural and the people who live in the district are mainly from the majority Shona tribe. The district covers an area of approximately 9,100 square kilometres ([www.masheast.org/services-view/goromonzi-district/](http://www.masheast.org/services-view/goromonzi-district/)). The African Institute for Agrarian Studies (AIAS) (2009:10) states that the district lies in agro-ecological region II and receives average rainfall ranging from 900 millimetres to 1,200 millimetres annually. Natural region II has some of the most fertile soils in Zimbabwe. Goromonzi is divided into 25 administrative wards.



**Map 2.3: Goromonzi district in national context**



## 2.5.2 Demographic context

According to the official national population census conducted by ZimStat in 2012 Goromonzi had 224,987 people up from 154,262 in the 2002 census. The female proportion of the population is 50.5 percent. There are 58,013 households in the district. The distribution of the Goromonzi district population by sex, total number of households, and household size is provided in the table below.

**Table 2.11: Goromonzi district population distribution**

District	Males	Percent	Females	Percent	Total	Percent	Sex ratio	Households	Average
Goromonzi	113,326	49.5	113,661	50.5	224,987	100.0	98	58,013	3.9

Source ZimStat (2012:135).

ZimStat and UNICEF (2015:81) analysed the 2012 population census data for Goromonzi district and found that: the proportion of the district's population below 18 years was 46.9 percent; proportion of population below 5 years was 15.6 percent; youth proportion stood at 19.6 percent; and the youth sex ratio (males per 100 females) was 98.

Data from the 2015 Zimbabwe Poverty Atlas shows that the population of Goromonzi district stood at 222,324 people, and had 55,652 households. The average household size was 4 members. Ward 04 which includes areas like Domboshava, Zimbiru, Chogugudza and Parirewa had the highest number of people at 30,124 followed by ward 25 (Vincent and parts of Thorncroft areas) with 26,833. Ward 19, which includes areas like Nyambanje, with 268 people, had the lowest number of residents in the district. (ZimStat 2015a:245). The distribution of the population of Goromonzi district by ward and number of households is provided in the table below:

**Table 2.12: Goromonzi district - population distribution by ward and number of households**

Ward Number	Population	Number of Households
Ward 01	8,657	2,039
Ward 02	12,430	2,805
Ward 03	4,919	1,186
Ward 04	30,124	7,189
Ward 05	5,829	1,319

Ward Number	Population	Number of Households
Ward 06	11,965	3,109
Ward 07	5,858	1,443
Ward 08	5,573	1,561
Ward 09	4,505	1,256
Ward 10	7,090	1,788
Ward 11	8,428	2,122
Ward 12	14,376	3,594
Ward 13	2,880	772
Ward 14	9,611	2,443
Ward 15	6,418	1,474
Ward 16	16,081	3,808
Ward 17	4,926	1,237
Ward 18	7,796	1,904
Ward 19	268	67
Ward 20	5,382	1,459
Ward 21	3,480	937
Ward 22	7,210	1,950
Ward 23	6,091	1,548
Ward 24	5,594	1,501
Ward 25	26,833	7,141
Total	222,324	55,652

Source: ZimStat (2015a:245).

### 2.5.3 Socio-economic characteristics

Goromonzi district receives high rainfall and with its fertile soils, rain-fed cash crop production is the main livelihood activity for most households in the area. The major crops grown in the district are maize, soya beans, wheat, tobacco and groundnuts. Households grow these crops for both food, and income from selling the surplus. Households are also involved in market gardening activities especially production and sale of beans, tomatoes, potatoes. Additional livelihood activities include livestock production, mainly cattle, and small livestock such as goats and chickens. The main markets for the district's agriculture produce are Harare and Marondera. Casual labour activities, trading of small goods and services are also common livelihood activities.

Goromonzi district is home to both commercial and resettlement farms. The latter consists mainly of A1 model farms catering for the majority of previously landless blacks. According to Tom (2015:87) during Zimbabwe's fast track land reform programme carried out by government from early 2000 to about

2005, residents from Marondera and Harare applied for land access in Goromonzi district. The prime land, good rainfall pattern, and proximity of the district to Harare and Marondera are pull factors.

According to the 2015 Zimbabwe Rural Livelihoods Assessment Goromonzi is one of the districts with lowest food insecurity levels. The proportion of the population categorised as food insecure stood at 1.7 percent during the period January to March 2015 (ZimVAC 2015:105). Out of the 9 districts in the province, Goromonzi had the second highest proportion of food secure households after Seke district (ibid., 127).

According to ZimStat (2015:64) the average poverty prevalence for Goromonzi district was 62.4 percent. Ward 01 had the highest poverty prevalence at 77.4 percent while ward 06 had the lowest prevalence of 53.4 percent. Poverty is more prevalent on the peripheral areas of the districts such as wards 01 (Munyawiri and Kachuta areas), 02 (Chinamhora, Makumbe and Nyakudya areas), 03 (Tsatse), and 05 (Pote) on the northern border of the district. The northern part of the district is more densely populated, has poorer quality soils, and lower levels of livestock than areas from neighbouring wards. Wards 10 (Chipangura, Udembwe St. Francis and Inyaguvi areas), 11 (Mukombami, St. Judes, Kudyamadare and Rutope areas), and 18 (Rusike and Dudzi areas) on the eastern boundary of the district also have high poverty prevalence rates. All of these wards are primarily communal. Wards 06 and 24 are farming resettlement areas and had the lowest poverty prevalence rates of 53.4 percent and 57.6 percent respectively (ibid.). The table below shows poverty prevalence for households by ward in Goromonzi district.

**Table 2.13: Goromonzi district - poverty prevalence for households by ward**

Ward No.	Population	No. of Hholds	No. of Poor Hholds	No. of Non-Poor Hholds	Average Hhold Size	Poverty Prevalence	Poverty Gap Index	Poverty Severity Index	Gini Index
Ward 01	8,657	2,039	1577	462	4.2	77.4%	34.3%	18.7%	33.8%
Ward 02	12,430	2,805	2053	752	4.4	73.2%	31.8%	17.1%	35.7%
Ward 03	4,919	1,186	909	277	4.1	76.7%	33.8%	18.3%	34.1%
Ward 04	30,124	7,189	4927	2262	4.2	68.5%	27.9%	14.4%	34.8%

Ward No.	Population	No. of Hholds	No. of Poor Hholds	No. of Non-Poor Hholds	Average Hhold Size	Poverty Prevalence	Poverty Gap Index	Poverty Severity Index	Gini Index
Ward 05	5,829	1,319	988	331	4.4	74.9%	32.1%	17.0%	33.7%
Ward 06	11,965	3,109	1660	1449	3.8	53.4%	19.6%	9.5%	37.7%
Ward 07	5,858	1,443	935	508	4.1	64.8%	26.5%	13.8%	37.9%
Ward 08	5,573	1,561	1081	480	3.6	69.3%	29.2%	15.4%	37.4%
Ward 09	4,505	1,256	812	444	3.6	64.7%	25.5%	12.8%	36.0%
Ward 10	7,090	1,788	1356	432	4.0	75.9%	33.6%	18.2%	35.3%
Ward 11	8,428	2,122	1571	551	4.0	74.0%	32.0%	17.1%	35.3%
Ward 12	14,376	3,594	2538	1056	4.0	70.6%	30.3%	16.2%	36.7%
Ward 13	2,880	772	538	234	3.7	69.7%	29.2%	15.4%	36.9%
Ward 14	9,611	2,443	1581	862	3.9	64.7%	26.1%	13.3%	37.5%
Ward 15	6,418	1,474	1060	414	4.4	71.9%	31.3%	16.9%	36.6%
Ward 16	16,081	3,808	2703	1105	4.2	71.0%	30.2%	16.0%	36.0%
Ward 17	4,926	1,237	859	378	4.0	69.5%	29.4%	15.6%	37.9%
Ward 18	7,796	1,904	1429	475	4.1	75.0%	33.0%	17.9%	35.4%
Ward 19	268	67	42	25	4.0	62.9%	24.0%	11.8%	33.2%
Ward 20	5,382	1,459	930	529	3.7	63.8%	26.1%	13.5%	39.4%
Ward 21	3,480	937	639	298	3.7	68.2%	28.9%	15.3%	37.2%
Ward 22	7,210	1,950	1287	663	3.7	66.0%	26.7%	13.7%	37.2%
Ward 23	6,091	1,548	970	578	3.9	62.7%	23.8%	11.7%	34.1%
Ward 24	5,594	1,501	864	637	3.7	57.6%	21.7%	10.7%	36.7%
Ward 25	26,833	7,141	5033	2108	3.8	70.5%	29.9%	15.9%	36.1%
<b>Total</b>	<b>222,324</b>	<b>55,652</b>	<b>38344</b>	<b>17308</b>	<b>4.0</b>				

Source: ZimStat (2015a:245).

According to ZimStat (2013a:103) the percent distribution of the economically active persons by activity in Goromonzi district shows that the highest proportion of the economically active persons in the district are communal resettlement farmers (44.9 percent) followed by paid employees (23.7 percent), and casual employee (15.2 percent). The unemployed category was 6.1 percent reflecting a better score than other districts in the province, for example Mudzi (7.2 percent) and Marondera urban (22.2 percent).

**Table 2.14: Percent distribution of the economically active persons by age group (15 years and above) and activity: both sexes**

District	Paid employee %	Casual employee %	Employer %	Communal resettlement farmer %	Own account worker	Unpaid family worker	Unemployed %	Total %
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Goromonzi	23.7	15.2	0.2	44.9	4.9	4.9	6.1	100.0
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Source: ZimStat (2013a:103).

Zimbabwe has experienced a net outward-migration from 2000 to 2009 due to a protracted economic crisis. Those who emigrated and are working in foreign countries (“diaspora”) send money to their families to help them mostly to meet basic needs and services. The transfers are termed remittances and constitute a significant portion of total household incomes. Households residing in rural areas receive US\$66.2 million per annum constituting 20.7 percent of the total remittances into the country (ZimStat 2013a:84). Goromonzi district receives a total of US\$682,492 in remittances per year which is 6.1 percent of the total remittances channelled into Mashonaland East province. On average the households in Goromonzi are receiving remittances from abroad amounting to US\$2,504 which translates to US\$208.7 per month. The highest proportion of remittances into the province go to Marondera urban with a figure of US\$3,426,006 (ibid., 116) This is consistent with the overall finding that urban areas receive the largest share of remittances from abroad (ibid., 84).

Social infrastructure and amenities are important for the provision of basic services to people, and for creating sustainable conditions (UNICEF and ZimStat 2016:1). The district has a number of facilities and social amenities in some areas and is lacking in other areas. Some of the main constraints to livelihoods and access to basic services could be linked to the limited availability of facilities and social amenities. There are 379 boreholes in the district, and 300 of these are functional (79.2 percent) (ibid., 19). The district has 82 primary schools and of these 60 (73.2 percent) have electricity. All 82 primary schools have Early Childhood Development classes in compliance with government policy (ibid., 23,25). There are only 2 vocational training centres in the district and there are no public libraries in Goromonzi (ibid., 33).

In terms of traditional leadership, the district has 3 chiefs and 8 headmen none of whom are females. There are 25 councillors in Goromonzi district that is, one councillor for each of the 25 wards in the district. Of the 25 councillors, 5 are females (ibid., 37). It is important to note that councillors are elected by

people in their wards through a process expected to be guided by democratic principles while traditional leaders are appointed on the basis of custom which is governed by hereditary. It is perhaps this difference in how councillors and traditional leaders assume authority that explains the gender disparity.

Goromonzi district has 28 health facilities; 25 voluntary HIV testing and counselling centres; 82 HIV and AIDS Peer Educators; 14 health technicians; 8 Community-based Distributors; and 3 functional and 1 non-functional ambulance. All these health facilities, personnel and ambulances serve an estimated population of 281,665 in the district (ibid., 49-53). ZimStat (2013b:168) investigated the methods of treatment sought by different poverty categories at province and district levels. The data for Goromonzi is shown in table 3.15. It shows that 39.9 percent of the extremely poor households have no contacts with public health facilities, traditional healers and private clinics in the district. This is probably explained by their status of being ultra-poor which means they have little to no income in the household to support their access to treatment. They are likely to rely on begging. Fewer in the extremely poor category (9.9 percent) approach traditional healers for treatment. This could be a result of their cultural beliefs and values and potentially low treatment charges at traditional healers when compared to private clinics and public health facilities. As would be expected, a majority of the non-poor (47.0 percent) seek treatment at public health facilities. However, it is surprising that a significant proportion in the non-poor category (37.8 percent) have no contact with the three facilities of treatment for treatment purposes.

**Table 2.15: Method of treatment sought by poverty category**

<b>District</b>	<b>Public health facility</b>	<b>Traditional healer</b>	<b>Private clinic</b>	<b>None</b>	<b>Total</b>
<b>Goromonzi</b>	38.5	4.0	17.0	40.6	100.0
Non-poor	47.0	2.8	12.4	37.8	100.0
Poor	38.7	2.4	17.0	41.9	100.0
Extremely poor	27.7	9.9	22.5	39.9	100.0

Source ZimStat (2013b:168).

Growth points in Zimbabwe are important business and service centres in rural areas. Their purpose is to provide services to people at close proximity so that people do not have to travel to urban centres to access services. They reduce rural-urban migration mainly because they provide local opportunities for employment and economic opportunities (ibid., 12). The study found that Goromonzi district has 5 growth points and all have electricity (ibid., 62).

Within Goromonzi district, two wards were selected for this research. These are wards 4 and 15. The sampling strategy for site selection is discussed in the research methodology chapter.

### **Box 2.2: Goromonzi district summary profile**

- Located in Mashonaland East province, about 50 kilometres east of Harare city.
- Official population figure is 224,987.
- District has 58,013 households. Average household size is 3.5.
- Divided into 25 administrative wards.
- Ward 04 biggest by population size. Ward 19 smallest population size.
- Lies in agro-ecological region II – favourable climate and more fertile land.
- Crop production is the main livelihoods activity.
- Food secure district in the province.
- Main constraints to livelihoods include lack of access to agriculture inputs and labour.
- Poverty prevalence of 62.4 percent. Ward 01 has highest poverty prevalence rate at 77.4 percent.
- Poorest wards located in the northern eastern parts of the district.
- Highest proportion of economically active persons is communal resettlement farmers followed by paid employees.
- District receives a share of 6.1 percent in remittances from abroad per annum.
- Inventory of facilities and social amenities in the district shows a mixed picture.
- A lack of women's representation in the main traditional leadership structures in the district.
- Low representation of women in ward council structure.



## **2.6 Summary and conclusion**

The chapter began by providing an account of the origins of the HSCT programme and locating it within the broad and specific policy contexts. The HSCT is a social assistance programme targeting the extremely poor and most vulnerable segments of the population in Zimbabwe. It is aligned to three specific policy and programme frameworks namely: NSPP, STP, and the NAP for OVC III. The chapter included a detailed description of the HSCT. The programme's purpose includes two key components: short term poverty alleviation, and long term human capital development. The HSCT is an unconditional social cash transfer. Targeting follows a two-stage approach: geographic targeting of districts based on poverty incidence and a proxy means test with community verification to select the food-poor and labour-constrained households. The transfer values range from US\$10 to US\$25 depending on the size of the household. Cash delivery is done physically using a private security company to deliver cash to beneficiaries at designated pay points every two months. The MIS is a key feature of the design and implementation of the HSCT. It's use as programme management, monitoring and information storage system. The management and implementation of the HSCT relies on MoPSLSW's national and subnational structures. The WCPCs provide a direct link between the programme and beneficiaries at the lowest implementation level – ward.

The chapter also provided detailed descriptions of the socio-economic and demographic conditions of the research districts and wards. Epworth is largely an informal settlement on the fringes of Harare city. The settlement's history dates back to the 1890s and it has continued to evolve. Approximately 70 percent of the settlement's residents live in informal, overcrowded, unserved and illegal land. Access to basic services is acutely constrained for many. A majority of the residents are employed in the unregulated informal sector and street vending is a common trade. Goromonzi is a rural district in Mashonaland East province. The district's major economic activity is crop production. Marondera and Harare are the district's main markets for its agriculture produce. The poorest wards are found in the northern and eastern

sides of the district. An inventory of facilities and social amenities reveals that the district has a number of functional facilities which support people's economic and social activities, and access to basic services such as water, health and education.

The next chapter is a comprehensive review of cash transfer, social capital and social networks literature with a focus on understanding historical conceptual and theoretical origins of the concepts. The chapter distils from the social capital and social networks a suitable theoretical framework which guides the analysis of the effects of the HSCT on social capital.

## **CHAPTER 3:**

### **LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

#### **3.1 Introduction**

This purpose of this chapter is to integrate the research topic into a broader framework of existing and relevant literature. The comprehensive review of literature covers the conceptual and theoretical orientations of social cash transfers, social capital, and social networks. Based on the reviewed literature, the preferred theoretical frameworks are selected. The present study is based on existing theories of social capital, social network, collective action and social exchange. The theories are drawn from the fields of sociology and social psychology. The chapter is arranged into seven sections, which are outlined below.

Section 3.2 examines in detail social cash transfer instruments. The review of cash transfer literature is important for several reasons: (1) to understand the conceptual and theoretical origins of CTs; to describe and explain the broad aims and specific objectives of CTs; and (3) to highlight the important differences and experiences of social cash transfers across regions of Latin America where CT programmes began, and Sub Saharan Africa where there is a rapid expansion of social cash transfers. This broad and deep review of CT literature helps to locate Zimbabwe's HSCT programme within the broader context of cash transfers and provides a basis for analysing the programme.

The section starts by examining the definition of cash transfers. A distinction is made between unconditional and conditional cash transfers. The debates about whether or not to condition cash transfers are highlighted and discussed. This is followed by a discussion of the theoretical foundations and drivers of cash transfers. The three broad aims of CTs are discussed. The regional perspectives and experiences of social cash transfers are woven into the entire section as a cross-cutting theme. For example, in discussion conditional and unconditional cash transfers, the regional differences and experiences are highlighted and analysed. The section concludes by

underscoring the point that CT programmes can serve multiple objectives and therefore can have multiple effects.

Section 3.3 examines in detail the design and implementation features of cash transfer schemes. The key debates about targeting in CT programmes are highlighted and discussed across the different targeting methods. The section also provides examples of features of different CT schemes and how they have shaped different programme outcomes. The section also examines the regional differences and experiences of cash transfer design and implementation features.

Section 3.4 reviews and discusses the state of the evidence of the social effects of CTs on a range of important outcomes including: social networks; risk-coping strategies; discrimination, trust and community participation; gender-based violence (GBV); psycho-social effects; happiness; social relations; civic participation and membership of associations; electoral participation. The section concludes by extracting the essence of the evidence of social effects of cash transfers.

Section 3.5 examines the unintended or indirect effects of cash transfer programmes. These effects have been discussed less extensively in the literature yet they have important implications for the success or failure of CT programmes. The section reviews both the positive and negative unintended effects of CTs and what the effects might mean for social policy and CT programme design considerations.

Section 3.6 provides a critical review of the historical development and conceptual origins of social capital, discusses its many and varied definitions, and critically examines the main dimensions, types and concepts associated with social capital. The section also discusses the measurement of social capital and the positive and negative effects of social capital.

Section 3.7 presents the theoretical framework of the study. The study adopts a multiple theoretical framework that draws from sociology and social psychology fields. The theories are explained and their proponents stated. The relevance of the selected theories to the present study is provided. In

addition to the use of theoretical frameworks, the study also utilises conceptual frameworks for the analysis of the social effects of the HSCT programme

### **3.2 Social cash transfers**

A considerable and growing literature exists on social cash transfers (SCT) in both developing and industrialised countries. Social cash transfer programmes constitute critical interventions in social protection strategies in many low-income countries. Although they are a vital component of a country's social protection strategy or system when it exists, cash transfers can be important programmes on their own.

Social cash transfers can be traced back to a wave of pilot and expanded programmes in the early 1990s in Latin America. The region's experience with innovative conditional cash transfer programmes: Brazil's Bolsa Escola/Familia in 1995, Mexico's Progresa/Oportunidades in 1997, and Chile's Solidario in 1996 galvanised interest in cash transfer programmes (Barrientos & Hulme 2010b:317). Although most of the prominent cash transfer programmes are in Latin America interest and experience with the programmes have not been limited to these regions. In recent years, cash transfers have been launched in an increasing number of Sub-Saharan African countries (Barca et al. 2010:1). According to Garcia and Moore (2012:11) the use of cash transfer programmes has steadily increased around the world. Cash transfers now exist in Africa, Asia, Central Europe and Latin America. The World Bank (2015:ix) states that cash transfers are present in 130 countries in the world. Barrientos and Hulme (as cited in Garcia and Moore 2012:12) estimated that as of 2008, cash transfers benefited 150 million households throughout the developing world. The World Bank (2015:7) states that by 2014, 40 countries in Africa were implementing cash transfer programmes, and 64 had conditional cash transfer interventions, an indication that there is rapid introduction and expansion of cash transfer programmes in sub-Saharan Africa.

Cash transfers aim to reduce poverty and inequality. They address demand-side constraints for structural and inter-generational poverty reduction and are an increasingly attractive option for poor countries to address the complexity and multi-dimensionality of poverty. Hanlon, Barrientos and Hulme (2010:27) in their description of the extensive experiences of cash transfer programmes in the past decade observed that each cash transfer programme is different, responding to different levels of social development, institutional structure, perceived needs and priorities, and political conditions. Thus, the results and effects of cash transfers have varied. In addition they noted that most cash transfer programmes have multiple goals (ibid.). Samson (2009:124) makes a similar observation: “Social transfers not only tackle income poverty, they also provide effective support for broader development objectives.... In addition to their vital social contribution, social cash transfers can support critical economic objectives.”

### **3.2.1 Definition of cash transfers**

A review of the cash transfer literature shows that several authors define cash transfers in similar ways. While there is no consensus on the definition of social protection, there is broad agreement on the definition of cash transfers in the relevant literature.

Samson (2009:124) defines cash transfers as: “regular non-contributory payments of money provided by government or non-governmental organisations to individuals or households, with the objective of decreasing chronic or shock-induced poverty, addressing social risk and reducing economic vulnerability.” Garcia and Moore (2012:8) aver that cash transfer programmes provide non-contributory cash grants to selected beneficiaries to satisfy minimum consumption needs. Stewart and Handa (2011) cited in Handa *et al.* (2011:31) define social cash transfers as “small, predictable sums of money to poor and vulnerable families”. The two authors assert that social cash transfers are a relatively new social protection instrument in Eastern and Southern Africa, and that they are “rapidly gaining popularity as an effective intervention to enhance the participation of the poor in economic development and to combat inequality, social exclusion and chronic poverty”

(ibid.). DFID (2011:2) defines cash transfers as “direct, non-contributory, regular and predictable grants to poor households or individuals.” Social cash transfers are aimed at targeting resources to the poorest and socially excluded, to help reduce deficits in consumption, strengthen individuals and household productive capacity, enrol and keep children in schools and to boost demand for critical services (ibid.).

Consistent with evidence in the social protection literature, the source of the transfers is the state or other public entities (Garcia and Moore 2012:8). In Latin America, although cash transfers were initiated with domestic funding, they have received substantial support from the international community (De Britto 2010:181).

Cash transfers are non-contributory in the sense that recipients or beneficiaries do not pay into a system that later awards the transfers as some social insurance schemes do. By definition, cash transfers do not include partially or wholly self-financed contributions. The definitions of cash transfers in literature include non-contributory old-age pensions, child support grants, poverty-based transfers, and family grants. South Africa is one of the leading countries to introduce cash transfers in the form of non-contributory and unconditional social pensions as far back as 1928 (Hanlon *et al.* 2010:38). The old-age grants are means tested, and the age of eligibility is 63 years and older (ibid.). The social pensions in South Africa help improve the lives millions of non-pensioners living with cash recipients, for example there are many children under the age of 16 who live with a social pensioner (ibid.). Bolivia in Latin America has a universal non-contributory social pension scheme with the age of eligibility set at 60 years and older (ibid., 44). Other countries with social pensions include Namibia, Swaziland, Lesotho, India, Nepal and Bangladesh (ibid.).

Social protection instruments such as public works which require beneficiaries to work in order to receive transfers are not included in the definitions of cash transfers. Public works programmes usually rely on self-targeting. Individuals who are labour-endowed have the option to enrol in to public works programme.

### **3.2.2 Conditional and Unconditional cash transfers**

Cash transfers may be conditional or unconditional. A distinction between the two instruments is made in the social cash transfer literature.

#### **3.2.2.1 Conditional cash transfers**

According to De Britto (2010:181) conditional cash transfers (CCTs) encompass the provision of grants to targeted poor households on condition that they engage in human capital investments such as sending children to school and making periodic visits to health centres. This is consistent with definitions provided by other authors in the literature on cash transfers. For example, Garcia and Moore (2012:20-21) state that “conditional cash transfers provide benefits only to beneficiaries who have fulfilled prescribed conditions, known also as co-responsibilities.” Cluines-Ross and Huq (2014:77) state that the term conditional cash transfer includes all devices with these two components: payments to households with children, but on condition that certain actions conducive to the children’s education, and commonly also health are performed. The basic purpose of a conditional cash transfer is twofold: to contribute to the household’s present well-being, and to enlarge the future income of its members as a result of the human capital investment so encouraged (ibid.).

Conditional cash transfers in Latin America were launched in the mid 1990s. According to Gumede (2008a): “... in the Latin American region, social assistance started in high middle income countries and followed the modality of Conditional Cash Transfers (CCTs).” Consistent with other views in cash transfer literature, Gumede (2008a) similarly identify the factors leading to the adoption and implementation of the targeted and conditional cash transfers as: “the 1980s debt crisis and stabilisation strains, [and] budget constraints...”

Conditions vary in detail from country to country. Govender (2011:144) makes the point that conditions depend on what a specific country considers as the underlying cause of poverty, “as well as the area that needs investment to improve the socio-economic status of the poor.” Common conditions include: schooling for children, visits to health centres for medical check-ups or



immunisation, the requirement that household adults attend workshops or seminars on basic nutrition and health, and attending skills training programmes. Samson (2009:124) makes the point that other than human development responsibilities, cash transfers can be conditional on recipients providing labour in compliance with a work requirement.

Cluines-Ross and Huq (2014:78) assert that virtually all conditional cash transfers in Latin America have health conditions at least for children under the age of six; some also cover conditions relating to the health of pregnant or lactating women, and a few to the health of others. According to de Britto (2010:182-184), globally, the pioneers of conditional cash transfers include Mexico's Progresa launched in 1997 which was scaled up to cover eleven states and reached 300 000 families in rural areas; and Brazil's Bolsa Escola programme introduced in the mid-1990s. Progresa consisted of cash and in-kind transfers to beneficiary households, conditional on school attendance by children of those families, and regular visits to health centres by all household members. Bolsa Escola granted monthly transfers to poor households with children aged six to fifteen enrolled at school in grades one to eight, on condition that they had at least 85 percent school attendance rates. As in Progresa, the conditional cash transfers were paid to the female head of the household.

De Britto (2010:185) explains that the use of conditional cash transfers in Latin America has much to do with their potential to address one key determinant of chronic poverty in Latin America: low educational attainment. They also had a good fit with contemporary discourse on poverty reduction: addressing topical issues including gender, human capital, community participation, and empowerment.

There is abundant evidence in the social cash transfers literature that conditional cash transfers can have positive effects for many of the extremely poor households in mitigating the present and also future poverty. The evidence of effects of cash transfers is discussed in detail later in this chapter.

Fiszbein and Schady (as cited in Garcia and Moore 2012:127) and De Britto (2010:190) point to the potential challenges associated with conditional cash transfers. CCTs entail costs to the beneficiaries, their communities and the programme. Conditions may be too costly for the extremely poor households to comply with. For example, at the individual level, there are private costs in terms of time and money for households to meet conditions and collect their cash transfers, and this affects women in particular. Adato (as cited in De Britto 2010:190) points out that at community level there can be adverse effects of household targeting on social capital - defined by social relations, cohesion and solidarity especially in rural areas. Other concerns are that the social provisioning or supply side, for example, schools and health centres will be unable to support increased demand created by conditional cash transfers. Thus conditions can only work effectively where social services exist and are delivered to acceptable levels of quality. Additional criticism to conditionality draws from the rights-based perspective, and stems from the assertion that the State has an obligation as a duty bearer to citizens who are claim holders entitled to state transfers.

### **3.2.2.2 Unconditional cash transfers**

Lund, Noble, Barnes and Wright (as cited in Govender 2011:143) define an unconditional cash transfer as: “one where the constitution or other legislation defines a right which becomes an entitlement for a person with certain characteristics who meets certain qualifications.” Their definition draws from the rights-based perspective of social protection. The World Bank (2015:8) provides a simplified definition which states that: unconditional cash transfers provide cash without particular conditions or co-responsibilities for beneficiaries. Beneficiaries may spend the cash or grants as they wish. Thus, in contrast with conditional cash transfers, unconditional cash transfers are not dependent on the behaviour or actions of the recipient.

In contrast to CT programmes in Latin America, Garcia and Moore (2012:53) assert that cash transfer programmes that support poverty and food security objectives in the Sub Saharan Africa region tended to be unconditional cash transfers. Zimbabwe’s social cash transfer scheme which forms the basis of

the present study is an example of an unconditional cash transfer grant to labour-constrained and food-poor households. Other examples of cash transfer programmes that apply no conditions on how to use cash transfers include, the Hunger and Safety Net Programme in Kenya and Zambia's Kalomo Pilot Cash Transfer Scheme implemented in Kalomo district. The major reason which explains a preference for unconditional cash transfers in the Sub Saharan Africa region is limited resources to put in place sufficient administrative systems and capacity to enforce and monitor compliance conditions (ibid., 119).

### **3.2.2.3 The debates about conditional or unconditional cash transfers**

Whether cash transfers should be conditioned or not is subject to intense debate in literature. With reference to this subject, Cluines-Ross and Huq (2014:78) state the central question in the cash transfer literature as: "Is conditionality important, or would the recipients spend (or sacrifice) just as much extra on health and education if they were given the payments unconditionally?" A review of the cash transfer literature gives mixed responses to the question.

There is significant research evidence on the merits and demerits of conditionality versus non-conditionality of social cash transfers (De Brauw & Hoddinott 2011:359). The theory underpinning the use of conditions in social cash transfers is that poor households lack full appreciation of the long term benefits of critical human development services such as preventive healthcare, nutrition and education. The interests of parents, guardians or adults in benefitting households may diverge from those of the children or dependants. Fiszbein and Schady (as cited in Garcia & Moore 2012:127) provide a comprehensive discussion on when imposing conditions may be appropriate. Conditions may be useful when households underinvest in human capital or when adding conditions increases the programme's political acceptability and sustainability. They assert that households may invest in suboptimal levels of human capital for many reasons which include: imperfect information, poor decision-making, or "incomplete altruism of parents towards their children."

De Britto (2010:185) suggests that the popularity of conditional cash transfers is not only related to their basic characteristics but also to implementation aspects and contextual factors that enhanced their visibility among policy elites and donors.

The theory underpinning unconditional social cash transfers is that the poor are rational actors and that easing cash constraints will result in increased use of public services without the need for conditions. Beneficiaries are free to spend the transfers in the way they want. Schubert (2010:217) in an analysis of the design features of Zambia's Kalomo Pilot Social Cash Transfer Scheme makes the point that:

The scheme assumes that beneficiary households will spend the money wisely: that, even though they are poor, people are not stupid or irresponsible, and they know best how precarious their situation is, and what they need most in order to survive. It is also assumed that the heads of beneficiary households (mainly older women) will spend most of the transfers on the OVC living in their households. All these assumptions are closely monitored and have so far proved to be realistic.

It is evident from CTs research literature that conditional cash transfers have achieved considerable success, for example, Mexico's Oportunidades. It is however not yet clear from the available research evidence whether conditions contribute to success of the CCTs. The success of unconditional cash transfers in South Africa and an impact evaluation in Malawi raises the possibility that cash alone may be enough, with no need for conditions (DFID 2011:49-50).

Banerjee and Duflo (as cited in Cluines-Ross and Huq 2014:78) report findings from an experiment designed investigate conditionality. The families of a sample of school-age girls in Malawi were randomly divided into three groups. Members of two of these groups received a monthly stipend: in one case on condition that the children remained in school, in the other case non-conditionality. The third group was the control group which received no

stipend. Findings show that the control group had a school dropout rate of 11 percent, while the conditional and unconditional groups had rates in both cases of 6 percent. The difference between the control group and the other two groups was strongly significant yet there was no difference between the conditional and unconditional cash transfer groups. From the study, it seemed that the cash transfer had the effect of encouraging enrolment, presumably by defraying its cost, but that the effect was independent of whether the cash transfer conditional or unconditional. Further, the findings suggest that it was the extra income alone, not the condition attached to it that caused higher enrolment. A similar result from a study in Morocco produced a similar result (ibid.).

These findings are consistent with the points raised by Schubert with regards to the assumptions made in the Kalomo Pilot Cash Transfer Scheme in Zambia. In general, poor families value education and do not need to be bribed to invest in it. Evidence in literature seems to suggest that poor families may need only a boost in their income to support them to make the necessary human capital sacrifices (ibid.).

There is no conclusive evidence in the cash transfer literature to suggest that on the basis of findings pointing to no exact effects of conditionality on increased investments in human capital, conditionality should be dropped. The decision to condition transfers depends on multiple factors, and conditions may or may not be cost-effective in different settings (Garcia & Moore 2012:115). A key insight in literature is that conditionality is dominant in Latin America while most cash transfers in Sub-Saharan Africa are unconditional. For Latin America, conditions are important to tackle key determinants of poverty in the form of low schooling rates and health care. This was the case with Mexico's Progresa and Brazil's Bolsa Escola programmes. Conditions are therefore necessary to achieve specific human capital outcomes. The limited representation of conditional cash transfers in the Sub-Saharan Africa regions is down to two main reasons: First, it has been suggested that the poorest countries in the low-income category face significant capacity and resource constraints needed to monitor and enforce

conditions. Secondly, cash transfers in Sub-Saharan Africa are mainly a phenomenon of the past decade and so are still being developed. As a result, the efficacy of applying conditions in cash transfers within the Sub-Saharan Africa region is currently being tested through rigorous impact evaluations. If the benefits of conditionality outweigh the costs, programmes in the region may focus on conditional cash transfers. Although unconditional cash transfers are dominant in the region, conditions are applied in a number of countries including but not limited to Burkina Faso, Ghana, Kenya, Malawi, Nigeria, and Tanzania (ibid., 117).

Govender (2011:142-143) offers useful insights on the conditional versus unconditional cash transfers debate. The point is made that:

Although not explicitly mentioned, most social assistance to the poor is conditional. The fact that they have to be poor to qualify for assistance is conditional, that is, the person will qualify on condition that they are poor. Social insurance is also conditional as it is contingent on the risk (illness, unemployment, disability) being realised before any benefits are disbursed to the claimant. Schubert and Slater (2004 [sic]:3) aver that although not always transparent, there is more often than not some form of conditionality in every transfer.

Lund, Noble, Barnes and Wright (as cited in Govender 2011:143) explain the underlying differences between conditional and unconditional cash transfers, making clear the distinctions between characteristics, administrative compliance requirements and conditionalities.

Age and disability are characteristics of a person necessary to qualify for a grant and are not conditionalities. Identity documents or birth certificates are administrative requirements and also not conditions. The proof of socio-economic status or income is necessary for the means test. This is also not a condition but a mechanism for exclusion....There is a category, which the authors regard as true conditionalities, and those are where the beneficiaries have to do something (regular attendance of school) in order to continue receiving

the grants. And any contraventions of the condition lead to punitive measures....

A concluding key insight from the conditionality debate is offered by Baird, De Hoop, and Olzler (as cited in World Bank 2015:9) who assert that “the dichotomy between unconditional and conditional transfers is not sharp, rather there is a great deal of variation in the intensity of conditionality.” Programmes that are explicitly conditional require capacity and resources to monitor compliance and penalise non-compliance.

### **3.2.3 Theoretical foundations of cash transfers**

Cash transfers represent a paradigm shift in combating the multi-dimensionality of poverty, risk, and vulnerability. According to Hanlon, Barrientos and Hulme (2010:27) the cash transfer model as it is today, is largely credited to a group of six large and newly industrialising countries of the Southern hemisphere: Mexico, Brazil, South Africa, Indonesia, India and China. The six countries recognised the multi-dimensionality and persistent nature of poverty and decided to develop new strategies of giving money directly to the poor in predictable ways and guaranteed period of time (ibid.). The social policy positions of these countries informed by international conventions such as the UDHR guaranteed the cash transfers as entitlements and not charity.

#### **3.2.3.1 The neoliberal economic model of the North**

The cash transfer model challenged the neoliberal model promoted by the rich North. In the North, the social protection model was based on social insurance programmes whereas in the South many people work in the informal sector without social security or are peasant farmers whose incomes are not enough to cover their consumption, investment expenditures and savings. The neoliberal economic model of the North had failed to stimulate development in the South. According to Brohman (1996:201) the central focus of the neoliberal development strategy had been economic growth and its trickle-down effects. The process of economic growth was characteristically thought to follow a series of stages which would ultimately spread benefits to all

thereby alleviating poverty and inequality. The diffusion of technology and the other attributes of modernisation would allow benefits of development to trickle down to the neediest of sectors of society, it was asserted. The development agenda was viewed as a top-down process in which the major international financial institutions in cooperation with local Third World elites called the shots. “The people to whom development projects were supposedly directed existed mainly in the abstract as socio-economic indicators” (ibid., 202). There was dissatisfaction in the Third World as many countries began to notice that economic growth was not necessarily correlated with other development objectives such as creation of employment opportunities, the reduction poverty and inequalities, and the provision of basic services. In countries such as Brazil, Iran, Kenya, Mexico, Nicaragua, India, Pakistan and South Africa in which rapid growth had been achieved, growth was not eradicating poverty or providing jobs at speed anticipated, and in many cases income inequalities were increasing. It was argued that development should not be measured in abstract aggregate growth indices, but according to other people-oriented criteria such as the universal provision of basic needs, promotion of social equity, the enhancement of human productive and creative capabilities, and the capacity of communities to set and meet their own development goals. Ul Haq (as cited in Brohman 1996:203) argued that: “New development models should be oriented toward satisfaction of basic human needs and desires particularly at the local community level; and development projects should build development around people rather than people around development.”

### **3.2.3.2 Alternative development strategies**

The neoliberal development model was criticised primarily for ignoring issues of mass poverty, social justice, inequality and sustainability. A broadly humanist approach to development was proposed, which advocated beginning with the satisfaction of the basic needs of the poor who constitute the world’s majority. For Hettne (as cited in Brohman 1996:207) the Cocoyoc Declaration marked “the birth of an alternative trend in development theory.” The alternative strategies, therefore, placed a higher priority on the need for



immediate redistributive measures. The strategies favoured a more direct, targeted and reliable approach to alleviating poverty and reducing inequalities rather than the slow and uncertain process of general economic, and to hope for a consequent trickling down of benefits to the poorest people. According to Griffin (as cited in Brohman 1996:217) “because of their focus on direct redistributive measures, the alternative strategies have sometimes been called, the Third World equivalent of Western social democracy.” The cash transfer paradigm falls within the rubric of alternative development strategies. The cash transfer model assigned a greater role to the State and targets large numbers of poor people. Cash transfers are provided on a long term basis, eligible recipients can be confident of the predictability and continued availability, and they cover significant portions of the population. The main source of financing for the cash transfers is the State using tax revenue, and the cash transfers are neither contributory nor insurance based. The rich and powerful countries argued that poor people are at least partly responsible for their own poverty, and therefore unworthy of support. Poor people must be guided or even compelled to act in the best interests of their children (Hanlon, Barrientos & Hulme 2010:3). The rich North believed the poor would simply waste the money hence their obsession with guided development through technical experts seconded to international aid agencies. Development projects were designed from outside and imposed on the poor communities. Many such projects seemed to have worked at cross-purposes with the poor people’s aspirations. It was also argued that the international aid architecture had systems that were cumbersome and less efficient.

The cash transfer paradigm’s point of departure is that the poor are no longer regarded simply as victims or passive recipients of internal or outside aid, but as people who, despite enormous constraints, are actively engaged in the struggle to define their own lives and means of livelihood. Countries in the South argued that poor people put the money they are given to good use. They are wise enough to know what is best for them in the totality of their poverty circumstances. Researchers find that households with little money have “honed their survival and livelihoods skills over generations and that they

use the extra income from cash transfers wisely and creatively without armies of aid workers telling the poor people how to improve themselves” (ibid., 4).

### **3.2.4 Broad aims of cash transfers**

The cash transfer instrument is rapidly gaining popularity as an effective intervention to address four broad goals and priorities: social protection and security; development and economic growth; human capital and breaking the intergenerational poverty cycle; and rights, equity and fairness (Hanlon, Barrientos & Hulme 2010:28). A review of the cash transfer literature shows that each cash transfer programme is different because countries have different contexts and policy choices. No programme is thought meet all the four broad goals.

#### **3.2.4.1 Social protection and security**

Cash transfers are often envisaged as seeking to address three types of objectives related to social protection and security.

##### **3.2.4.1.1 Vulnerable members of society**

Chambers (as cited in Narayan *et al.* 2000:61) argued that poverty alleviation policies should pay attention to the “particular factors that place individuals, households, and communities at risk of poverty or worsened poverty ....” rather than just focusing on levels of consumption or income. According to Moser (ibid.) “vulnerability is best understood as a lack of key sets of assets, exposing individuals, households, and communities to increased or disproportionate risk of impoverishment. Simply put an increased and range of assets means less vulnerability, while fewer assets increase the risk of impoverishment.” Defencelessness, insecurity, and exposure to risk, shocks and stress are all important factors related to the concept of vulnerability. An examination of vulnerability helps to shed light to these issues (ibid.).

Sabates-Wheeler and Devereux (2010:65) make the point that “to be a useful concept, vulnerability must be defined in relation to some other phenomenon, such as poverty, malnutrition, exclusion or neglect.” In this sense,

“vulnerability is thus a multidimensional concept and corresponds to the complexity of the phenomenon it is defined against” (ibid.). Vulnerability is commonly conceptualised as a product of two components: exposure to a hazard (shock or process); and resilience, or the ability to manage the hazard (Chambers, 1989; Bankoff *et al.* 2004 in Sabates-Wheeler and Devereux 2010:66). The “ability to manage” is often proxied by income, consumption or asset-based poverty measures. For example, if a household falls below a specified poverty line, it may be considered unable to cope. According to Sabates-Wheeler and Devereux (2010:66) Dercon asserts that: “... to understand vulnerability fully, it is not enough simply to take a one-period view.” It needs to look into the future, as it makes a prediction about future events (poverty or other outcomes). The definition of vulnerability encompasses three groups of people: those who are likely to become poor in the future as a result of an unexpected shock; those who will remain poor; those who might fall deeper into poverty; and those who may move in and out of poverty (transient poor) because of predictable fluctuations such as seasonality. Dercon (2001) notes that this distinction is important as the appropriate social protection interventions or other policy responses are very different for each distinct group.

Children, the elderly, widows, the chronically ill, and the disabled are among groups of people in societies often considered most vulnerable. The State and broader communities have always acknowledged their obligations to these vulnerable groups in populations. These people are unable to provide for themselves or contribute adequately to the productive capacities of households and communities. They are dependent on the assistance and support of others (Narayan *et al.* 2000:61; Hanlon *et al.* 2010:29). In developed countries, social insurance schemes are a common social protection instrument for life-course contingencies such as maternity (pregnant mothers), and old age, and work-related contingencies such as sickness or unemployment. The schemes also cover the young and children. Social insurance schemes pool contributions from workers and disburse them to the above-mentioned vulnerable groups. In the low-income countries where social insurance schemes cover only a small portion of the labour force

because of high levels of unemployment, and a pervasive informal economy, non-contributory pensions, cash transfers, family allowances and child support grants are the preferred social protection instruments (Hanlon *et al.* 2010:29).

#### **3.2.4.1.2 Raising incomes of the working poor**

According to Addison, Harper, Prowse and Sherpherd (as cited in Hanlon *et al.* 2010:29) most of the chronically poor are actually in some form of employment. For example, ZimStat (2013a:56) found that households headed by communal or peasant farmers suffer from the greatest poverty prevalence. The problem is that the nature of their work is such that the workers do not generate a living wage or the incomes from their fields are not generating enough incomes to cover their consumption expenditures and to support their families. In addition, rural households' sources of income are highly variable and dependent on rainfall patterns, and casual labour whose availability and payments are unpredictable (ZimVAC 2015:118). This phenomenon is particularly prevalent in rural areas where households experience higher poverty incidence than in urban areas across various employment activities. Cash transfers have an immediate positive effect of raising the incomes of the employed but chronically poor nearer to the poverty line.

#### **3.2.4.1.3 Safety nets**

Cash transfers constitute a disposable-income safety net that helps the poor and extremely poor. The safety net cushions several categories of people: for example, those who cannot work because they are sick or injured, the homeless, those who cannot find jobs during periods of economic decline or those whose agricultural production fails because of natural disasters such as floods or droughts. Cash transfers help by reducing the suffering of people from extremes of hunger, malnutrition and other forms of deprivation. There is broad acceptance that safety nets allow poor and extremely poor people to live in dignity and decency. There are numerous examples of cash transfer safety nets in the cash transfers literature. According to the Africa Progress Panel (2014:48) the World Bank makes the point that Ethiopia's Productive

Safety Net Programme (PSNP) reaches 8 million beneficiaries in about 1.5 million households providing cash and food support through public works in areas affected by drought. Devereux, Marshall, MacAskill and Pelham as cited in (ibid., 50) "... households covered by Ethiopia's PSNP were less likely to have to sell their livestock during droughts." Thus by helping the poor to sustain their vital consumption needs, cash transfers enable poor households and communities to protect and maintain their productive assets.

In the United States; short term emergency cash transfers are also common. According to Hanlon *et al.* (2010:30) each family displaced by major natural disasters such as floods receives five hundred dollars. Cash transfers have also been used to cushion people in Alaska from temporarily higher living costs.

#### **3.2.4.2 Economic growth and development**

There is intense policy debate in the cash transfers literature about the relationship between cash transfers and economic growth. The prominent and evidenced-based views argue that cash transfers promote economic growth. Hanlon *et al.* (2010:31) state that: "It has been argued that governments cannot afford to provide cash transfers and social protection until after development and economic growth have occurred, but the opposite is actually true: Cash transfers are essential to promote growth and development." Samson (2009:126) makes a similar argument and states that: "In many ways social transfers promote economic growth." Contrary to views by some economists positing that there is a negative trade-off between social protection and growth, empirical evidence from the richest countries in the world show that these countries have the most comprehensive and coherent social protection systems: "Social security is an essential basic service in all successful states that have experienced long- term sustainable growth rates alongside successful poverty reduction," (ibid.). Thus social protection and economic growth can co-exist in mutually beneficial ways. Another fundamental myth refuted in the cash transfer literature is that of non-affordability. Cichon and Scholz (2009:96) argue that: "There is no strict limit for national social expenditure depending on the level of economic

development”, that is, some countries cannot afford more than a certain level of expenditure in a given state of economic performance. The observation from statistical analysis of long-term growth rates in the OECD countries shows that there is no direct relationship between economic growth rates defined as GDP per capita, and the level of social expenditure ratio (ibid., 91). However, the authors point to a key caveat: “There is certainly a need for more detailed research to remove statistical inconclusiveness and provide a proof of causality [as there may be] a saturation point for social expenditure beyond which it becomes economically and socially counter-productive” (ibid., 97).

The key insights from the cash transfer literature about the relationship between cash transfers and economic growth and development show that more than simply constituting a safety-net, cash transfers provide a springboard for inclusive economic growth in developing countries. The positive economic effects manifest in several ways:

- Stimulates demand for goods and services: The introduction of cash transfers directly creates demand for goods and services as the poor households spend the money locally. Consumption expenditures on food, health, housing and nutrition increase. Whole communities including non-beneficiaries benefit through the economic multiplier effects on local goods, services and labour markets. Hanlon *et al.* (2010:31) assert that while the value of cash transfer may be small as a proportion of GDP (1 percent), the cash transfers boost the purchasing power of poor households by 20 percent thus giving a significant catalytic action to local economic growth. According to the United National (sic) Conference on Trade and Development (as cited in Hanlon *et al.* 2010:31) “domestic demand makes the largest contribution to economic growth.” This phenomenon is observed in both developing and developed countries.
- Unlocking investment opportunities through insurance: The extra income from cash transfers allows households to consume more and invest more. Dercon, Bold and Calvo (2010:47) observe that poor

households in developing countries are vulnerable to high risks and shocks in the form of natural, health, social and economic risks with negative effects for their well-being. The specific shocks range from “individual-specific (such as illness, theft or unemployment) to economy-wide (such as droughts or recessions).” It is widely acknowledged that the poor are usually excluded from the formal economy and as a result insurance markets do not usually offer insurance contracts to the poor because such contracts are difficult to enforce and the poor face extra costs to join such schemes (ibid., 51-52). Shocks create risk and the poor must acquire coping mechanisms in order to survive. The lack of formal market-based or social insurance does not imply that the poor are passive towards the risks they face. Poor people employ various strategies to reduce, manage and to cope with risks. Dercon, Bold and Calvo (2010:55) note that: “Risk management and coping strategies are always present in the life of the household.... Households cope with risk mainly by using income-based strategies – such as diversification of income sources – and assets for buffering consumption.” A regular and predictable cash transfer, thus, serves as a form of insurance to reduce insecurity and manage risks. Households reduce their need to save for emergencies thus unlocking funds for investments in a number of domains which include: agricultural asset accumulation; increased livestock holdings; innovation through investments in new technologies, seeds and markets; and diversification of income sources through entrepreneurship – setting up, expanding or improving small businesses.

- Closely linked to the investment benefits of cash transfers is the point that cash transfers provide start-up capital that enables the poor and vulnerable to invest in protecting and building productive assets and livelihoods contributing to long term resilience and growth. According to the World Bank (as cited in Hanlon *et al.* 2010:32) the poor and vulnerable people tend to underinvest or not invest because they lack access to credit yet their investment choices are often productive and can have higher returns. Thus the redistributive effect of cash transfers

provides initial capital and immediate liquidity to undertake productive investments.

### **3.2.4.3 Protecting and promoting human capital development**

Cash transfers promote human development. The poor and vulnerable households are often forced to cut spending on nutrition, health care, or to withdraw children from school in times of shocks and crises. These distress strategies often lead to some of the worst consequences of poverty – transmission of poverty across generations, with implications on the well-being of households, and reducing the prospects for poverty alleviation and inclusive economic growth. Cash transfers are an effective instrument to break this inter-generational poverty by providing resources that ensure households meet their food needs with greater food consumption and dietary diversity; children have access to health care; higher school enrolments and attendance rates and a reduction in child labour – all better human development opportunities for children than the experiences faced by their parents. Poor households can also invest in improved housing and sanitation. In Latin America cash transfers are conditional on households sending their children to school, and attending health and nutritional checks at clinics and other health centres. In this way, cash transfers protect children's accumulation of human capital at a critical stage in children's development and ensure that they transition into productive young people and adults nutrition who can contribute to economic growth. There is strong evidence in the cash transfer literature that good health and nutrition at pivotal times in children's life cycles including early childhood, transition to school, puberty and adolescence leads to better school performance and longer term employment opportunities.

According to Hanlon *et al.* (2010:33) “[while] improved health and education can be seen as valuable gains in themselves, they also improve the productive capacity of poor households. The main assets that poor people have are themselves and their labour power, and cash transfers can boost their productive capacities – increasing what economists call their human capital.”



#### **3.2.4.4 Moral or ethical objectives of cash transfers**

Hanlon *et al.* (2010:34) make the point that there are many proponents who see cash transfers as promoting the moral and ethical goals of equity, equality, rights, and empowerment of women and girls. However, the interactions of these ethical or moral factors help tackle poverty and bolster economic growth and development.

##### **3.2.4.4.1 Redistribution**

Inequality is very often the cause of poverty. In highly unequal societies, economic growth is accompanied by large disparities in income, wealth, education, health and other dimensions of human development between the rich few and the poor majority. The poor masses often complain that development has not had positive effects on their ordinary lives. Economic growth is not correlated with social justice. According to the UNDP (2014:39) “[t]he poorest two thirds of the world’s [population] are estimated to receive less than 13 percent of the world income while the richest 1 percent amass nearly 15 percent.” Milanovic (as cited in UNDP, 2014:39) asserts that “[t]he share of the richest 1 percent might be severely underestimated given the difficulty of estimating their incomes.” Beyond the global income inequality, Fuentes-Nieva and Galasso (as cited in UNDP 2014:39) estimate that “about half the world’s wealth is owned by the richest 1 percent of the world’s population, with the richest 85 people collectively holding the same wealth as the poorest half of the world’s population”

Deep and chronic inequality exacerbates deprivations and makes it difficult to reduce poverty. According to Blank *et al.* (2011:21) societies characterised by high and persistent inequalities divisive, have higher rates of crimes and violence, factors which hinder private investment and increase the costs of doing business. The UNDP (2014:39) makes similar observations by pointing that inequality is a constraint on social cohesion and social mobility, and fuels social tensions that can lead to political instability. Huge disparities in incomes can even undermine democratic values as wealthy people can engage in acts of bribing voters during election times or using money to influence or shape

policies that are not in the interest of the poor majority. Inequality often has important psychological dimensions for the poorest. It represents powerlessness, voicelessness, dependency, shame, humiliation and insecurity. According to Narayan *et al.* (2000:4) these psychological dimensions constitute a component of the multidimensionality of poverty.

It is important to reduce inequality in all dimensions of human development. In highly unequal societies, redistribution is one of the most significant ways of reducing poverty and vulnerability. Cash transfers have a direct effect on tackling inequality. They transfer resources from the upper income to the lowest income households in relatively efficient ways. Samson (2009:126) avers that the transfer of resources from the richer to the poorer can follow horizontal or vertical patterns. Transfers can come “from wage-earning households with no dependent children or dependent adults to those with one or more dependents, or from households currently prosperous to those currently poor, with the promise to the prosperous that when or if they experience future shocks they too can count on similar compensating benefits.” Hanlon *et al.* (2010:34) make the point that social democracy in Europe was founded on the belief and principle that societies should be more equal and that redistributive measures were necessary to shore up the “deserving poor.” Cash transfers running in parallel with a progressive tax system, and state-financed basic services – education and health, are key components of the redistribution programmes. According to the World Bank (as cited in Hanlon *et al.* 2010:34) Sweden is more equal and the richest 10 percent earns 6 times the income of the poorest fifth. Brazil and South Africa are among the highly unequal societies with the richest 10 percent earning 41 and 35 times the incomes of the poorest 10 percent in respective countries. Part of the rationale for introducing South Africa’s social grants programme – Older Person’s Pension, the Child Support Grant, and the Disability Grant – is founded on the basis of redistribution of income and wealth from the richer to the poorer households.

#### **3.2.4.4.2 Empowerment of women and girls**

Women experience many types of disadvantages and discrimination in many dimensions of development – health, education and employment. In most societies women are socially, culturally, and economically dependent on men. Women from poor households are disconnected from ownership of assets and face constrained access to factors of production. For example, they are typically either landless, or if they own land, they face gender-based constraints that affect their ability to achieve viable agricultural productivity. In many countries cash transfers are given largely to women, promoting empowerment and more balanced gender relations. Mexico's Progresa programme and Brazil's Bolsa Escola had positive gender biases, addressing the transfers to female heads of the household and granting higher subsidies for girls than for boys (De Britto 2010:183-184). The broad objective of distributing cash to female members of households is fundamentally to increase women's access to and control over resources and in the process improve the status of women. Cash transfers also contribute to a broad range of outcomes for girls including girls' education, access to health services, and increased economic activity. Evidence from global research and impact evaluations on cash transfer effects on women's empowerment is discussed in a later section in this chapter.

#### **3.2.4.4.3 Right to development**

International human rights instruments provide a legal framework for strategies to reduce poverty by compelling states to fulfil people's social and economic rights. Chinkin (as cited in Townsend 2009:34) asserts that "[a] rights-based approach... moves away from the instrumentalist and utilitarian language of development economists to that of the entitlements and obligations enshrined within the formal legal system, while retaining the moral authority which other approaches lack." Thus the provision of cash transfers to recipients can be seen as a fulfilment people's fundamental rights to an adequate standard of living (Hanlon *et al.* 2010:34).

### **3.2.4.5 Multiple objectives**

A key insight from the literature on cash transfers shows that cash transfers can be designed to satisfy several of the objectives outlined above. A cash transfer programme can have multiple purposes, for example, reducing poverty and inequality; increasing human capital outcomes; assisting families affected by drought; and stimulating demand in local markets for goods and services. For example, according to Handa and Davis (2006:514) “[m]ost CCTs have the same dual objectives, combining long-run human capital development with short-term poverty alleviation [immediate consumption smoothing effect], but their origins are different.” The conditional cash transfers in Latin America attempt to achieve a varying balance between investments in human capital – education, nutrition and health outcomes, and increasing consumption. According to Levy (as cited in Johannsen, Tejerina & Glassman (2010:141) assert that: “If the objective is to break the intergenerational poverty cycle through investment in... health and education, this dual policy strategy ... is considered a key factor for success.” There is a critical level of direct cash transfers for current consumption that a household in extreme poverty needs to satisfy before being able to shift its spending towards investments in human capital. As will be discussed later in the next section, the design of conditional cash transfer programmes takes into account this dual policy objectives strategy.

### **3.3 Design and implementation features of cash transfers**

The design, implementation and monitoring of cash transfer programmes is an important matter in the CT literature. Well-designed programmes can achieve their intended outcomes. Badly designed and poorly implemented programmes can leave beneficiaries worse off. There are design features and implementation or operational practices that commonly characterise cash transfer programmes across regions and countries. A description and discussion of how cash transfer programmes work facilitates a nuanced understanding of the trends in targeting methods; benefit size and structure (benefit system); conditions and compliance; cash payment systems; coordination among the several institutions involved in the programme;

programme monitoring, evaluation, and accountability, communication and grievance mechanisms.

This section examines in detail the main design and implementation features of CT programmes. The features discussed here are: targeting, beneficiary registration, transfer size, main recipient, cash payment mechanisms, frequency of payments, grievance and complaints management systems, graduation and exit rules, and programme communication. The section also discusses examples of features of different CT programmes and how they have shaped programme effects. Regional experiences in the design and implementation of CTs are also highlighted.

### **3.3.1 Targeting methods**

Targeting is about deciding and establishing who are the “deserving” and thus eligible, and who are the “non-deserving”, and thus non-eligible poor (Neubourg 2009:69). Targeting is a design dilemma of a complex technical, social and political nature for cash transfer programmes. Whether cash transfers should be targeted is an ongoing debate in the cash transfer literature. According to Grosh *et al.* cited in Garcia and Moore (2012:81) the debate is mainly between two extreme positions. There are proponents who believe that defining target populations and establishing targeting systems is inappropriate and is not an effective redistributive mechanism. These proponents argue for a universal approach to cash transfers that is, making payments to all who satisfy the agreed criterion of need. Proponents of targeting argue that targeting is an efficient way of redistributing limited resources. In their view, “universality is a philosophical ideal” which is not feasible in the wake of fiscal constraints. In a paper analysing social protection in Latin America and Africa, Gumede (2008a) identifies targeting as one of the critical policy questions that remains unresolved. The key questions are: “why targeting and how to target[?]” Gumede (2008a) argues that: “[t]here are issues about geographical, categorical and/or community targeting which requires (sic) poverty mapping. There is an issue on selection of beneficiaries and questions of means testing, proxy means testing, multidimensional index and so on arise. It remains to be answered whether the method used really

matters.” One of the key lessons from the cash transfer experiences from the countries reviewed by Gumede (2008a) is that targeting the extreme-poor remains a challenge compared to targeting the poor.

Notwithstanding the important debates on targeting in the cash transfer literature, cash transfer programmes have clearly defined target population groups across regions and countries. The objectives or goals of cash transfer programmes ideally guide who deserves and should be selected as a cash transfer recipient. Cash transfer programmes in different countries use many different ways of setting eligibility criteria and none is perfect hence a many countries employ a mix of targeting methods which aim to maximise value for money for the target group given resource limitation (Hanlon *et al.* 2010:101-102).

All targeting methods are subject to inclusion and exclusion errors – some more than others depending on the intervention and target population. Clunies-Ross and Huq (2014:57) assert that while cash transfer programmes attempt to minimise both inclusion and exclusion errors, “[t]here is a trade-off between propensities to ‘errors of inclusion’ (some of the non-poor included as beneficiaries) and propensities to ‘errors of exclusion’ (some of the eligible poor denied benefits). More rigour in preventing the one will tend to mean increased proneness to the other.” Devereux, Webb and Handa (2011:8) highlight exclusion and inclusion errors arising from “targeting orphans – a recognised ‘vulnerable’ category of children – excludes many children who are vulnerable because they live in extremely poor households, and also includes many orphans who live in relatively well-off households.” Success in targeting is generally a matter of degree and it is reflected in how a programme limits errors of inclusion and exclusion. It is generally accepted in the literature that inclusion errors are easier to recognise in a programme than exclusion errors. Grosh *et al.* cited in Clunies-Ross and Huq (2014:57) highlight three primary causes of exclusion errors in descending manner: inadequate financial resources, inadequate outreach (itself possibly a result of inadequate financial provision) and, misclassification of eligible claimants as ineligible. The “bottom line” is that targeting is never 100 percent accurate.

The choice of any targeting method for cash transfers or any other development intervention involves a trade-off between accuracy and cost – cost in the widest sense, financial costs to the administrative authorities and costs in time and inconvenience to those who might hope to benefit from complying with any conditions imposed. Accuracy will likely be costly (ibid.).

Five main types of targeting methods can be identified in the cash transfer literature: categorical, geographic, means testing, proxy means test, community-based targeting and self-selection. All the selection strategies highlighted above are explicit administrative targeting systems except self-selection. Self-selection does not work for cash transfer programmes but has been used in some labour-intensive public works programmes based on labour endowment factors with wages set very low. Most cash transfer programmes in Latin America and Sub Saharan Africa region combine several targeting methods to select programmes beneficiaries.

### **3.3.1.1 Categorical targeting**

Categorical targeting is also referred to as demographic targeting. Hanlon *et al.* (2010:102) define categorical targeting as: “[s]election based on categories of households or individuals that are closely correlated with poverty and vulnerability such as children, older people, and adults with disabilities.” The important point is that demographic factors such as age (children and old age), marital status (single parents) and ethnicity are characteristics linked to poverty or vulnerability. Demographic factors are generally administratively simple, low cost, easy to apply, transparent to communities and often seen as fair. They may either be the only ones used so that all individuals within certain age categories receive cash transfers without being means tested, or simply be used as the first stage in a two-stage or multi-stage process, with some means or proxy tests following. If categorical targeting is used alone that is, in a single-stage process to select a level of poverty, there may be both inclusion and exclusion errors (Clunies-Ross & Huq 2014:59; Hanlon *et al.* 2010:1105-06). A design issue of concern which is a major weakness of categorical targeting is weak correlation with poverty. Categorical targeting

requires technical robust and efficient civil registry systems. The method is appropriate when targeting specific vulnerabilities such as malnutrition.

Categorical cash transfers are politically palatable. For example, catch phrases such as: “feeding children,” “supporting the elderly,” and “caring for the disabled” are often associated with accumulation of political capital by governments implementing programmes based on categorical targeting. Such programmes are popular and viewed as politically feasible and driving political incentives.

Hanlon *et al.* (2010:106-107) offer some useful insights about categorical targeting. First, they point out added advantages of categorical targeting noting that the method establishes a right to the cash transfer for all those who meet the demographic criterion such as age threshold. In country where there is weak vertical or linking social capital between the State and its citizen (citizens do not trust the State or the civil service) “most people prefer simple, and fair [transparent, and easy] targeting approaches to a theoretically better technical system that is controlled – and possibly manipulated – by bureaucrats and elites.” Categorical cash transfers to children, the elderly, and disabled people satisfy a moral and social responsibility to support the young, the old and the infirm. Second, while combining cash grants to children, the elderly and the disabled could be a way of reaching large numbers of poor households; this can be costly from a resource perspective as the needs of each category are different. “One way to reduce cost is to means-test the benefit. Another way is to try to get poorer families.”

A fundamental political and practical question essentially unresolved in the discourse on categorical targeting is: “Does one give a small amount of money to many people or try to give a large amount to those who are poorer?” Willmore cited in Hanlon *et al.* (2010:107) writing on universal pensions for developing countries argues for “giving smaller pensions to all elderly instead of larger pensions to the poorest, on both political and practical grounds.” The political incentive is that such programmes “provide a guarantee of a basic income for all voters’ old age .... Starting with a modest universal pension, the pressure from voters’ is to increase the size of the pension.” Means-tested



benefits lack political appeal and send wrong signals to workers as they may introduce a disincentive for low-income workers by discouraging them to save for their old age and from continuing to work even on a part-time basis, beyond the constitutional retirement age.

### **3.3.1.2 Geographic targeting**

In geographical targeting, location is an important determinant of poverty. Needy people are selected on the basis of the areas in which they live. Hanlon *et al.* (2010:102) assert that in geographical targeting; communities with high or higher than average poverty incidence rates are selected into a programme. Poverty incidence is usually determined using census or survey data. Geographical targeting may be carried out either as the sole test of eligibility or as a first step in a multi-stage targeting process. In the latter case, geographical targeting will identify those with the most likelihood of severe poverty before a means-test is applied (Clunies-Ross & Huq 2014:59). As with other targeting methods geographic targeting is open to inclusion and exclusion errors if it is sole test of eligibility for example picking out areas or communities with marginalised or concentration poor people could lead to better off households or people living in those areas receiving cash transfers. Geographic targeting leads to exclusion errors if it means selecting only part of the population of interest (*ibid.*). For example geographic targeting excludes poor people in better-off areas who may be an important political constituency for some elites. Watkins (2008) and Yablonski and O'Donnell (2009) cited in Hanlon *et al.* (2010)107) highlight two useful examples of where geographic targeting has been used: Zambia and El Salvador respectively. The Zambian study found that geographic targeting based on census wards was “cheapest and most effective ....” In El Salvador the programme “simply [selected] the 100 poorest municipalities and then all households with children.” The case is often made that in Africa rural areas are poorer and the poorest people are found in rural areas. However with rapid urbanisation and the associated urbanisation of poverty there are increasingly pockets of poorest communities in urban areas where social protection programmes are needed. If geographical targeting focuses on rural areas based on higher poverty

prevalence rates then some extremely poor households and people in pockets of urban areas are missed. If not seen as fair, geographic targeting can lead to tribal, ethnic or political tensions if certain groups feel they are marginalised.

### **3.3.1.3 Means testing**

A review of the cash transfer targeting literature shows that whether or not categorical and geographical targeting methods are used, many cash transfer programmes introduce another layer of targeting as a way of reaching out to the poorest. Programmes use means test and proxy means tests to try and narrow their targeted groups. According to Clunies-Ross and Huq (2014:58) means test “involves in principle assessing either the wealth or the income (or some combinations of the two) of all the people who apply for benefits or appear from a survey as if through outward signs of poverty they may be eligible.” According to Garcia and Moore (2012:86) means tests are more popular in unconditional cash transfer programmes in Sub-Saharan Africa.

Means tests often face two key challenges: Many of the poor people have informal jobs and this suggests that their incomes are unpredictable, irregular, seasonal and income receipts are unlikely to be recorded. Rosa, Leatt and Hall (as cited in Hanlon *et al.* 2010:111) illustrate this point in their analysis of the targeting in South Africa’s Child Support Grant programme; “South Africa found that means testing is extremely difficult when large numbers of people are working in the informal sector or are involved in casual or seasonal work.” A household’s net worth, the other indicator of the level of its means, would in most instances in rural include livestock, household assets less any known debts. The computation of this measure is fraught with difficulties and can lead to a negative figure (*ibid.*). Hanlon *et al.* 2010:108) make a similar point on the challenges associated with means test: “It is difficult to take in to account the small amounts that may be earned by children and elderly people and it is hard to quantify the food that people raise for themselves.” Grosh *et al.* cited in Clunies-Ross and Huq (2014:58) argue that means tests may be associated with labour market disincentives as people may not take up day labour or small jobs which may push them over the income threshold thus

'lose out' on cash benefits. De Neubourg (2009:70) makes a pragmatic argument against means-tested benefits. The author points that means-tested transfers requires significant administrative capacity to implement robust surveys, administer complex systems and monitor applicants and this capacity is often not available in low-income countries. The state officials administering the system need sufficient bureaucratic capacity "to decide whether or not each applicant is eligible, how the information on the household's means is collected and assessed, for how long the transfer is allocated and when a new cycle of assessment and allocation should be started."

#### **3.3.1.4 Proxy means testing**

Proxy means tests use indicators based on household characteristics (often assets and household members) other than income. Observers make assessments of each household's level of prosperity or want through visible indicators such as: type, size and quality of the house, family composition, water supply, households assets such as radios and bicycles, number of children, number of adults capable of working, and number and type of livestock owned by the household (Clunies-Ross & Huq 2014:58; Hanlon *et al.* 2010:108). Proxy means test targeting methods originated in middle-income Latin American countries. Several researchers (Samson *et al.* 2006: 56; Coady *et al.* 2002:32) show that Chile was the first country to use proxy means testing when it introduced its Ficha CAS program in 1980.

In their study of targeting methods used by a large number of conditional cash transfers, both established and nascent in Africa, Latin America and the Caribbean, Middle East and North Africa and South Asia, Fiszbein and Schady (2009:70) found that about two thirds of the countries use household targeting via proxy means testing. Garcia and Moore (2012:86) make a similar observation by noting that: "Proxy means tests are much more common in CCTs [Conditional Cash Transfers], a practice similar to CCTs outside of Sub-Saharan Africa...."

Fiszbein and Schady (2009:70) observe that proxy means tests across regions and countries implementing conditional cash transfers vary in their details: “For example, in all cases, the formula for the proxy means test was derived from statistical analysis of a household survey data set; but, of course, there are differences in the statistical methods used and in the sophistication and rigor thereof.” There are also significant variations in how the actual implementation of the proxy means test targeting method is carried out in different countries: Several examples are provided in the cash transfer targeting literature. Adato cited in Hanlon *et al.* (2010:108-109) provide two examples that illustrate differences. In Mexico, Oportunidades the successor programme to Progresa use a complex proxy means test. Communities are first selected using geographical targeting followed by a household census. The census collects household data on family composition; literacy; education of members; economic activities; diverse sources of income; presence of disabled people; accommodation characteristics; availability of basic services; and possession of productive household assets such as land and drought power. A statistical technique is then used separately for each geographic region to identify characteristics that best distinguishes between poor and non-poor households, and an index is developed. Households are then categorised along values of the established index, and those falling below a predetermined threshold are chosen as programme beneficiaries. Community verification exercises are then carried out to validate the final lists of programme beneficiaries. The argument is that community validation is an essential part of the process because community members know each other well.

Watkins cited in Hanlon *et al.* (2010:108-109) notes that the proxy means test used in Zambia assesses six variables: household size, number of orphans in the household, number of disabled people, age of head of the household, education level of the head of household, and gender of the head of household. The model came up with 61 percent of households falling below the poverty line.

Other variations in how proxy means tests are implemented include: whether households are visited; whether some variables are verified as part of the application process for all or a sample of applications; the type of institution of agency conducting the proxy means tests. The usual practice is that the proxy means test system is led and managed by a central agency.

Several advantages of proxy means tests are noted in literature. They provide “an operationally feasible alternative to the near impossible precise measurements of household income or expenditures by using proxy indicators which are ideally selected so they are easy to ask, respond to, and verify. “Proxy means tests require simple and shorter questionnaires while still achieving acceptable levels of accuracy, provided they are well designed and periodically updated” (Johannsen, Tejerina & Glassman 2010:157). Proxy means tests have the potential to select the poorest households as demonstrated by numerous examples in literature. Begum and Sen (as cited in Hanlon *et al.* 2010:109) note that studies in Bangladesh showed proxy means test yielding a 95 percent accuracy rate of targeting the income-poor. Fiszbein and Schady (2009:76-77) find that in Ecuador proxy means test correctly identified 95 percent of households in the poorest quintile. In Brazil family grants are considered to be well targeted on the poorest with 100 percent coverage of those in the bottom quintile.

Another important advantage of the proxy means test method is that “[t]he household targeting systems used in some of the best-known CCT programmes constitute major ‘institutional capital’ for the country. The same system often is used to target many programmes, sometimes with different thresholds or ancillary criteria.” In Chile the system is used in the Chile Solidario programme and for the child allowance, social pensions, water and housing subsidies programmes. In Colombia and Jamaica, proxy means tests are also used in multiple programmes for example health insurance, hospital fee waivers, secondary education book textbook rentals and school lunches (Fiszbein and Schady 2009:70-71).

Despite the advantages associated with proxy means tests, there are a range of challenges or problems with the method. In theory, proxy means test or

household targeting strive for greater accuracy in identifying and selecting the poorest. In practice, the method can have some flaws. A study of the effects of Progresa on community social relationships – important forms of social capital – found that proxy means targeting had adverse effects on social relations undermining social cohesion and solidarity (Adato 2000:11). Perceptions of unfairness, lack of transparency and build-up of tensions were not only experienced in Mexico's Progresa programme. Nicaragua and Mongolia provide other useful examples. In the former, geographic targeting was completed first followed by proxy means test to select beneficiaries. The proxy means test was abandoned because it was not widely understood by communities (Hanlon *et al.* 2010:110). Hodges *et al.* (as cited in Neubourg 2009:70) highlights the inaccuracy of the proxy means test in Mongolia noting that more than one third of the target group were excluded while two thirds of the non-targeted group were included (inclusion error) and received programme benefits. Hanlon *et al.* (2010:111) make the point that as a result of the targeting inaccuracies in Mongolia's programme, the proxy means test was abandoned and replaced by a universal child benefit scheme. Fiszbein and Schady (2009:77) note that a possible cause of exclusion errors associated with proxy means tests is that the method "...contains an element of statistical error in making their predictions of household welfare." However, the authors also note that exclusion errors may result from inadequate outreach to potential beneficiaries. Outreach exercises are carried out to create awareness about the programmes and how benefits are accessed.

Another disadvantage beyond social costs associated with proxy means tests is that if households know the proxy indicators in use, they can manipulate their family and assets information. For example, they may hide household objects like bicycles, radios, television sets and this may yield incorrect information about the true status of a household (Hanlon *et al.* 2010:110).

Proxy means tests require a competent civil service that can be trusted to administer complex systems involved in household targeting methods. The civil servants ought to be trusted to act honestly and objectively in working through the entire process. Political interference may affect bureaucratic

processes and in some cases political affiliation may be a factor in deciding who benefits and who does not. The issue of trust is an important dimension of vertical or linking social capital which is concerned with vertical ties connecting people to formal institutions or authority structures. Where countries are subject to government corruption, it means public officials may not be trusted and this usually results in poor people failing to access the necessary information from institutions of power and subsequently programme benefits.

It is noted in the targeting literature that because of the complexity of proxy means tests many countries implementing cash transfers and relying on this method continue to refine and improve the implementation of proxy means tests. Fiszbein and Schady (2009:80) make the point that many programmes have carried out “rectification processes to remove from the list of beneficiaries those who have prospered in the interim.”

#### **3.3.1.5 Community-based targeting**

Samson *et al.* (2006:68) define community-based targeting as “a state policy of contracting with community groups or intermediary agents to have them carry out one or more of the following activities: identify recipients for cash or in-kind benefits, monitor the delivery of those benefits, and/or engage in some part of the delivery process.” Targeting decisions that is, judgements on which households are in extreme poverty, made by community members usually working through an elected or appointed committee of respected citizens. Like other targeting methods, community-based targeting could be the sole test of eligibility or as part of multiple stages in a targeting system.

The cornerstone of community-based targeting is the active involvement of members of the community. The key objective is the incorporation of local knowledge into the cash transfer’s decision-making processes. Participation of communities is expected to lead to better targeted benefits and more equitably distributed benefits with less corruption and other rent-seeking practices (Mansuri and Rao 2004).

Community-based targeting falls under the umbrella term, community-based development. The latter refers to “projects that actively include beneficiaries [and non-beneficiaries] in their design and management...” (ibid.). Community-based targeting relies on communities to use their social capital to organise themselves and participate in the development process.

There is debate about community involvement in defining and applying criteria to identify programme beneficiaries. Proponents of community-based targeting base their support on the point that community members are better placed than agencies and people external to the community to identify the poor and vulnerable households in need of assistance (Regional Hunger and Vulnerability Programme 2007:2). Dissenters argue in favour of universal assistance or provision of support to all eligible beneficiaries. The dissenters argue that community-based targeting is labour intensive, divisive and can perpetuate local patronage structures and gender biases (ibid.).

Garcia and Moore (2012:86); Botes (1999:41-49); and Sharp 1997; Coady *et al.* 2002; and WFP 1998 (as cited in Mayanga (2008:36) assert that community-based targeting has the following advantages:

- Community based targeting is relatively inexpensive as it avoids the costs and complexities of collecting and analysing objective data.
- Local actors have more information available to them or at lower costs than would officials from a welfare agency.
- Utilises the communities’ deeper understanding of the interacting causes of need and vulnerability and which individuals or households are at greater risk and in need of assistance. Communities are familiar with any recent idiosyncratic or covariate shocks that community members or households may have faced and therefore which individuals and households should be assisted.
- Those in the immediate community are likely to know whether or not households will use cash transfers in ways intended by a programme’s goal and objectives. This is informed by their local knowledge of recipients’ behaviours.



- Community-based targeting facilitates empowerment and capacity building of communities. Communities gain mastery over their affairs and find own solutions to their development challenges. Community groups or committees involved in the targeting system have their administrative, leadership and decision-making competencies enhanced.
- Community participation in targeting increases access of disadvantaged households to project benefits; enhances motivation of communities; and increases ownership and community responsibility of projects.
- Community-based targeting is about involvement and participation of communities in the targeting process. In this regard, communities become active recipients rather than mere targets of development benefits, something which could result in what Merton (as cited in Botes 1999:43) calls a development “anomie” that is, “a state in which people are prevented from attaining socially desirable ends by socially acceptable means.”
- Community-based targeting can foster social integration and de-monopolises power within communities by strengthening interpersonal relationships, and reducing feelings of powerlessness and alienation, all factors being important forms of social capital – bonding, bridging and linking dimensions.

Chambers; Ostrom, Lam and Lee; Uphoff; and Narayan cited in Mansuri and Rao (2004) argue that community involvement in the selecting beneficiaries of poverty alleviation programs “can improve targeting, lower the informational costs of delivering anti-poverty programmes and ensure high-quality monitoring of programme implementation.”

The underlying criticisms of community-based targeting cited by the following authors: Samson *et al.* (2006), Sharp (1997) and Coady *et al.* 2002) as cited in Mayanga (2008:36-37); and Garcia and Moore (2012:87); and Hanlon *et al.* 2010:113) are as follows:

- Local elites may distribute resources in ways that deviate from targeting guidelines. For example, the danger of nepotism or other kinds of favouritism leading to inclusion and exclusion errors.
- When eligibility criteria are ambiguous and leave room for interpretation, inconsistent application of targeting rules and procedures may arise leading to errors.
- Even when community members objectively target households, community-based targeting can still be perceived as unfair or highly subjective and can result in social tensions and resentment thereby undermining community social capital.
- Since it decentralises important policy elements of targeting, it may lead to varying benefit levels for the same groups in different regions with the result that horizontal equity is undermined.
- It faces difficulties in standardising or comparing targeting between different communities, high inputs of time, training and monitoring may be needed to develop the community institutions and ensure fairness.
- Community-based targeting may perpetuate local power structures, that is, the multiple interests of the community actors may imply that even if they have excellent information on who is needy they may not use that information in the way that the central welfare agency funding the programme might prefer
- The notion of community is problematic as the idea of community-based targeting is easiest to apply in small communities where it is clear who is and is not a member.

The research evidence of community-based targeting's performance is mixed. The method yields successful outcomes in some cases yet in other cases performance is poor.

The unconditional social cash transfer pilot scheme implemented in Zambia's Kalomo district in 2004 targeted households meeting two key criteria: (1) extremely poor and suffering from chronic hunger, malnutrition and at risk of starvation (Schubert 2010:215). These households were described as food-poor and in most low-income countries, food poverty is viewed as a good

indicator of chronic and persistent poverty (ibid.). (2) Households have high dependency ratios, have no able-bodied persons of working age or the breadwinners are sick or have died (ibid.). The selection and approval process was completely community-based with the Public Welfare Assistance Scheme (PWAS) structures leading the process (ibid., 217). At the village level are Community Welfare Assistance Committees (CWACs) each covering 200 to 400 households and these committees are elected by the communities. Area Coordinating Committees are responsible for coordinating between five and ten CWACs (ibid.). The District Welfare Assistance Committees (DWACs) oversaw the work of ACCs. A manual of operations setting out the procedures of the entire targeting, approval, registration and payment process was in place to guide the CWACs in identifying the 10 percent of households that are extremely poor and labour-constrained (ibid.). In his analysis of the effectiveness of targeting and programme delivery, Schubert (2010:219) found that the CWACs were effective in selecting those households that fulfil the criteria of 'food-poor' and 'labour-constrained'. However not all food poor and labour-constrained households were included in the project. Schubert makes the point that the CWACs were not responsible for this outcome but that the 10 percent ceiling applied to each village meant that there would be exclusion errors from the onset (ibid.). The Kalomo unconditional cash transfer project showed that it is possible to rely on community structures to carry out community-based targeting in cash transfer programmes.

Results from several pilot grants using community-based methods to target the 10 percent ultra-poor and labour-constrained in Malawi showed that in 2007 in the Mchinji district the exclusion error was high at 37 percent. The inclusion error rate was 24 percent explained as recipients not meeting the labour-constrained criterion (Millier, Tsoka and Reichert 2008 as cited in Hanlon *et al.* 2010:113). Miller, Tsoka and Reichert 2010 (as cited in Garcia & Moore 2012:87) point to concerns of unfairness and favouritism in community-based targeting in cash transfer programmes in Malawi and Zambia. "Village heads were sometimes able to inappropriately influence community members involved in selecting beneficiaries for Malawi's SCT [social cash transfer] programme perhaps because community members were not able or confident

enough to navigate local political dynamics” (ibid.) In Zambia research evidence from Chipata and Kazungula districts revealed significant issues with community-based targeting. In the former case, the inclusion error was high at 50 percent and 30 percent of the district’s population “believes that powerful households had preferential access [to benefits in the programme].” In the latter case, the poverty profiles of beneficiaries and non-beneficiaries were not different (Hanlon *et al.* 2010:114).

Mansuri and Rao (2004) make the point that in communities where people have multiple and conflicting identities, community-based targeting may be fraught with challenges because of competing incentives

The negative social effects arising from community-based targeting in cash transfer programmes can have implications on a community’s forms of social capital similar to some of the negative effects highlighted under the proxy means test method. Perceptions of unfairness, bias, nepotism, lack of transparency, manipulation of targeting processes, political interference often leads to social fragmentation, weakening of social relations and social conflicts in communities. A detailed discussion of these social effects of CTs is provided in section 3.4.

Garcia and Moore (2012:87) note that some countries in Sub-Saharan Africa continue to refine and improve the implementation and use of their community-based targeting methods. Malawi has taken steps to reduce targeting errors in community-based targeting. Miller, Tsoka and Reichert (as cited in Garcia & Moore 2012:87) make the point that Malawi’s SCT programme bars village heads to sit on community social protection committees. This is meant to prevent undue influence of local traditional leaders on community processes. The programme added a community verification stage to its targeting system. Community verification is done by extension workers who are external to the communities and local family systems. This brings impartiality and independence into the targeting process. Hamonga cited in Garcia and Moore (2012:87) asserts that Zambia while allowing local community leaders to participate in community-based targeting introduced a “confidential appeals process” thus allowing community

members to raise grievances and complaints on anything related to the selection, approval, registration and payment processes. Community capacity development training activities are part of some cash transfer programmes and they aim to strengthen the technical competencies, administrative capabilities, and management and leadership skills of community members to carry out the targeting process.

#### **3.3.1.6 Making the targeting decisions: key considerations**

Hanlon *et al.* (2010:119) state that making targeting decisions and picking a choice is “highly political” but it also involves other important factors such as: “allocation of scarce resources, administrative capacity, goals, fairness and transparency.” Human rights also come into the mix. All factors are considered differently in each country and context.

Much has been written concerning how politics shapes the design and targeting of social protection programmes during planning and implementation stages. Hickey (2010:259) argues that “politics is central to the ways in which social protection is emerging in Africa.” Political elites, actors and institutions set the terms of policy debates and provide incentives for, and barriers to, action. The reason why politics matter in social protection programmes is that “political institutions and actors exist and operate in policy environment shaped by socio-economic forces, particularly concerning public attitudes, [perceptions], levels and forms of inequality...” In addition, political actors and institutions interact and engage with the poor and vulnerable communities at grassroots levels in ways that have profound effects on the success or failure of social protection programmes (*ibid.*).

The literature provides many useful examples of the role of politics in shaping the design, targeting and financing of cash transfer programmes across regions and countries. According to De Britto (2010:182) Mexico’s Progreso programme had significant political support of President Ernesto Zedillo who launched it in 1997. It was designed as a populist programme linked to the survival of the political regime. The political and economic context in Mexico in the 1990s was difficult and posed a significant threat to the political stability of

the country. In Brazil electoral considerations seem to have influenced the launch of the Bolsa Escola programme in February 2001. The programme was rapidly scaled up such that by early 2002, the year of elections, it had reached at least 5 million beneficiary households in all most all of Brazil's municipalities (ibid., 184). Brock *et al.* cited in Hickey (2010:252) provides an example from Northern Uganda where a social action fund programme was geographically extended to include areas favoured by political elites.

Cash transfer programmes are politically palatable programmes which constitute major political capital because they facilitate establishment of direct and regular links between national and subnational governments and huge numbers of beneficiaries. The political rationale is to win more votes for the ruling parties through maximising the number of beneficiaries (De Britto 2010:186). Cash transfer programmes that carry a national outlook that is, wider coverage or using universal targeting approaches usually attract popular perception or the public's sense of fairness. Popular perceptions tend to influence voting choices and electoral judgements (Hanlon *et al.* 2010:120).

Morley and Coady (as cited in De Britto 2010:188) and Hanlon *et al.* (2010:120) state that the administrative capacity of a country is an important factor in making targeting choices. Cash transfers require significant costs and bureaucratic capability requirements to set up. According to the CESSP Scholarship Team (as cited in Fiszbein & Schady 2009: 71) Cambodia has less administrative capacity than the middle-income Latin American countries. As a result it opted for proxy means testing and implements the method "in a way that makes rigorous but simplified testing viable."

The choice of any method of targeting will in part depend on the goals or objectives of a programme. If objectives focus on human capital development, typically households with certain children will be targeted. Income distribution is another important factor in making targeting decisions. Hanlon *et al.* (2010:120) make the point that if nearly everyone is poor in a place strict targeting may be an unpopular choice. Universal benefits may be the appropriate choice.

A review of literature shows that countries make wide ranges of targeting choices. Perhaps the most important insight from the targeting literature is that countries combine or mix of targeting methods. The combination of many targeting methods is done in ways that attempts to satisfy local conditions. In most countries of the Latin America region, conditional cash transfers target households in extreme poverty. However, within this target population, the programmes direct benefits to a sub-category of extremely poor households based on demographic profiles. For example, in Colombia, El Salvador, and Peru, conditional cash transfer programmes target beneficiaries only among households with children below a certain age group (Johannsen, Tejerina and Glassman (2010:141).

In other contexts the use of community verifications following targeting techniques such as proxy means tests could be seen more as “legitimation exercises for the ‘scientific’ steps of targeting procedure” (De Britto 2010:188).

Coady *et al.* (as cited in Clunies-Ross & Huq 2014:59) reviewed several targeting studies and found that generally “using more targeting methods produced better targeting”.

### **3.3.2 Benefit systems**

The benefit systems of cash transfer programmes differ according to programmes and contexts but some main features are common. The systems include: a beneficiary registration system, benefit structure, transfer size or level of payment, the payee or cash transfer recipient, the cash payment mechanism, and frequency of cash transfers. Poorly designed benefit systems can lead to negative programme outcomes.

### **3.3.3 Beneficiary registration**

A cash transfer system requires a valid registration system to be in place so that as soon as eligible beneficiaries have been identified via targeting mechanisms they are enrolled into the programme. The registration system must include robust procedures to correctly identify beneficiaries. Registration of beneficiaries is necessary to distinguish beneficiaries from non-

beneficiaries. In addition, registration helps to reduce incidence of fraud where some people may register for many programmes when they should not do so or someone may wrongly collect cash transfers in another beneficiary's name (Garcia & Moore 2012:92-93).

The major challenge with registration processes in low income countries is that many poor people do not have important civil registry documentation such as national identity cards and birth registration certificates that are necessary to facilitate enrolment into cash transfer programmes. There are many reasons for this situation: poor people often experience difficulties to acquire national identity documents because of foreign parentage, absence of birth records or that their parents never had registration documents in the first instance. These constraints particularly affect child-headed households. In some countries some of the potential programme beneficiaries may have fake national identity documents often fraudulently obtained. Consequently cash transfer programmes end up putting in place strict requirements regarding identification documents which in some cases leads to exclusion of potential beneficiaries. Garcia and Moore (2012) state that "strict documentation requirements of Namibia's cash grant system, for example, have made it difficult for some extremely poor individuals to benefit from certain programmes. The system requires potential beneficiaries to present birth documents, identification documents, and proof of marriage among other items."

Countries and programme have different registration systems for enrolling cash transfer beneficiaries. Hanlon *et al.* (2010:145) state that some countries that already have established and good "identity card systems" such as South Africa that system can be used for registering cash grants beneficiaries. For other countries where entirely new registration is required, the system used for voter registration can be used to register cash transfer beneficiaries. The electoral registration is considered "effective, easy to use, and inexpensive" and it is often the case that in many countries, "more people have photo voter cards that have ID [identification] documents". Lesotho used voter cards for initial identification for its pension scheme (*ibid.*). The identification documents



generated from voter registration systems usually include a person's full names, profile photo usually of passport size, fingerprint, an identification number, and a machine readable security barcode (ibid.). Ellis, Devereux and White (as cited in Hanlon *et al.* 2010:146) state that the registration system is adaptable and can be used for proxies that is, it can generate identity documents for other authorised people who can collect cash transfers for the infirm or incapacitated primary beneficiaries. In other cases double photo cards bearing the photo of the primary recipient and the proxy may be used.

Kenya's Hunger Safety Net Programme (HNSP) programme uses smart cards along with finger prints to identify beneficiaries. The information is usually captured at registration meetings and does not need beneficiaries to produce identification documents (Garcia & Moore 2012:93). Zimbabwe's HSCT provides beneficiaries with photo identification cards.

New technology is helping transform the cash transfer programmes' registration systems particularly in Sub Saharan Africa. According to Garcia and Moore (2012:110) "[b]iometric systems and smart cards hold the promise for Sub Saharan Africa CT programmes. Biometric systems using fingerprinting can improve registration and identification of beneficiaries.... They also add security and checks against fraud in registration and payment processes."

Disability grants usually present complexities at registration stage. Expert certification of disability usually by health workers may be required. This is often the case with disabilities that are difficult to identify such as mental health challenges and learning difficulties. A country's administrative system needs bureaucratic capacities to address peculiarities that are associated with disabilities (Hanlon *et al.* 2010:146).

Garcia and Moore (2012:94) highlight an important issue in beneficiary registration: the time lag from when beneficiaries are registered to the point they start receiving cash transfers. This differs across countries and programmes. The major challenge with long time lags is that attrition can

occur before beneficiaries even receive their first payments. The attribution can be due to several factors such as deaths and relocations.

### **3.3.4 Transfer size or level**

Grosh *et al.* (as cited in Clunies-Ross & Huq 2014:63) assert that the starting point is to determine “the smallest transfer necessary to achieve the desired outcomes (consumption, income, earnings, school enrolment, or the use of nutritional or health services.” There is general consensus in the cash transfer literature that deciding on the optimal size of the cash transfers or grant, that is, the minimum amount of cash transfers that will yield the desired outcomes is an iterative process and no easy task. Garcia and Moore (2012:98) point to a range practical and policy factors that need to be considered in determining transfer levels: programme budget constraints, the pool of eligible and registered beneficiaries, household size and composition, gender of the head of household, age of children, and geographical location of beneficiaries. Hanlon *et al.* (2010:153) highlight an important additional consideration, that is, “whether the grant should be indexed and, if so, to what.” Brazil’s cash grants are indexed to the minimum wage. According to Hanlon *et al.* (2010:153) Devereux makes the point that “protecting poor people against rising food and fuel bills requires that cash transfers be index-linked to the price of a basket of basic goods or to the consumer price index (CPI).”

Garcia and Moore (2012:99) assert that cash transfer benefits should align with a programme’s specific objectives. For example cash transfers whose main goal is to address food insecurity in Sub Saharan Africa attempt to set transfers at levels that allow households to meet their nutritional needs. Kenya’s HSNP determined its transfer level based on the average cereal price over a period spanning five years. Schubert and Huijbregts (as cited in Garcia and Moore 2012:99) state that for cash transfers that aim to reduce poverty, “an appropriate measure to determine transfer levels is the size of the poverty gap for eligible households.” Malawi’s cash transfer programme set its transfer level at US\$13 per household per month, a figure assessed as high enough to lift beneficiary households from extreme poverty.

According to Schubert (2010:215) the Kalomo Pilot Social Cash Transfer Scheme implemented in Zambia in 2004 was an unconditional cash transfer financed by GTZ for an initial period of three years. The programme had three main objectives: to reduce extreme poverty, hunger and starvation in the 10 percent poorest and labour-constrained households; to focus on households headed by the elderly and are caring for OVC; and to assess the feasibility, costs and effects of the programme as a component of Zambia's social protection strategy. The programme targeted and registered households meeting two criteria: extremely poor that is, suffering from chronic hunger, malnutrition and in danger of starvation; and incapacitated that is, households with no able-bodied person of working age, bread winners are sick or have died. The transfer level was set at US\$7.5 per household per month. For households with children, the monthly cash transfer increased to US\$10. A transfer level of US\$7.5 was sufficient to buy a 50 kilogram bag of maize – a staple crop in Zambia. The transfer level was considered large enough to enable beneficiary households to eat a second meal. It was expected that the transfer level would lift beneficiaries from extreme poverty but not out of poverty. The cash transfer programme is an example of one that decided the transfer level on the basis of multiple factors: household composition and extreme poverty gap.

In general cash transfer programmes have calculated transfer levels on the basis of two factors: "grants should not be high enough to discourage work effort or low enough to have no effect" (Castaneda 2010:193). In practice, most conditional cash transfer programmes decide cash transfer levels on the basis of number of children in the eligible age range, grade or gender of the student. According to Fiszbein and Schady (2009:81) deciding the level of cash benefits on the basis of the number of children in a household "...is consistent an underlying logic of the programme that recognises that each child needs to receive health and education services and that there are costs (explicit and implicit) in getting those services." The reality though is that a programme's stated objective meets head to head with a programme's financial constraints. As a result a number of programmes set a limit or cap to the number of children who can be covered. For example, Bolsa Familia sets

a limit of R45 enough to cover three children in the programme. Mexico's Progresa sets the cash transfer limit at approximately \$153 considered large enough to cover two children in primary school and one in high school (ibid.). Lesotho's Child Grants Programme (CGP) is indexed to the size of the household but capped at US\$75 per quarter for households with five or more members (FAO 2015:67).

Some cash transfer programmes across different regions pay flat benefits irrespective of the numbers of children in the enrolled households. Flat benefits are usually paid in situations where cash transfer programmes face budgetary constraints or "if the programme logic is that households need an incentive to learn a new behaviour but do not need one to practice it with each successive child" (ibid.). In Sub Saharan Africa, Kenya's Cash Transfer to OVC (CT-OVC) programme pays eligible households - those who are extremely poor and contain an OVC - receive a regular flat monthly fee of Ksh 2000 (approximately US\$24) per month. The value of the transfer is not indexed against numbers of OVC in the beneficiary households. The decision about Kenya's CT-OVC flat transfer level was partly based on empirical work from the earlier pilot programme intended to test design programme parameters such as benefit level, payment delivery systems and monitoring (FAO 2015:66; Handa, Alviah, Musembi & Ochieng 2011:58). In Latin America and the Caribbean, cash transfer programmes in Peru, Panama and Ecuador pay flat benefits per beneficiary household (Fiszbein and Schady 2009:81).

Cash transfer levels can also be differentiated by school grades and gender factors. Programmes differentiate between amounts for children in primary and secondary schools with the latter receiving higher benefits. The reasons for this differentiation are many and varied but the most common ones in literature point to higher direct and indirect costs associated with secondary schooling for example: secondary school textbooks are more expensive than is the case for primary schooling, secondary schools are fewer especially in poor rural communities and students walk long distances or commute daily.

Senegal's CCT for OVC set six transfer levels depending on the costs of different levels of schooling and training (Garcia & Moore 2012:304).

Some programmes such as Mexico's Oportunidades have a strong gender focus as they pay higher cash transfers for girls than for boys as recognition that girls are disadvantaged due to several factors which include cultural and social norms. Jamaica's cash transfer programme pays higher transfer levels for boys in secondary schools because the education data show lower enrolment rates and education outcomes for boys than for girls (Fiszbein and Schady 2009:82). Nigeria's Kano CCT for Girls' Education began in early 2010 has an empirical component in its design intended to test various design features which include the transfer levels: one of US\$140 per year for each girl, and US\$70 per year for each girl. The conditional cash transfer has no upper limit imposed on the number of children within a household and who are eligible for transfers (Garcia and Moore 2012:296).

In a review of cash transfer programmes in Sub Saharan Africa, Garcia and Moore (2012:102-105) provide some useful findings on cash transfer sizes. Transfer levels vary significantly in the region and the differences in the levels partly reflect cost of living variations between low-income and middle-income countries. The largest transfers are in the latter. Many CT programmes link cash transfers to household size. For some transfers, the maximum or upper limit is less than double the minimum transfer and in other cases the highest transfer level is three times the minimum transfer. Several CT programmes determine cash transfer levels in relative to poverty or food poverty considered suitable if the programme has food security or related objectives. Some of the CT programmes in Sub Saharan Africa indexed cash transfer sizes to inflation for example Malawi's Food and Cash Transfers. Some of the important knowledge gaps related to cash transfer levels in Sub Saharan Africa were noted as: the need for additional comparable data across programmes' CT sizes through multi-country studies; examination of transfer sizes and key outcomes including beneficiary behaviours; and understanding the effects of transfer levels on some social capital dimensions such as child fostering.

### **3.3.5 Cash transfer recipients**

In most of the CT programmes throughout the world the payee or recipient of the cash transfer an adult member of the household. Programme often use a system for beneficiary proxy representation to cater for elderly, chronically sick or disabled. In nearly all programmes where an adult is the recipient, cash payments are made to female parents and guardians primarily the mother of the children in the former case and women in the latter case. The rationale of directing cash transfers to women members of the household is that this helps to improve the status of women in the household and the community. In addition, the burden of parental care in the African context falls on women. Many of the conditional cash transfers in Latin America for example, Mexico's Oportunidades programme has a positive gender bias as it addresses transfers to female members of the household (De Britto 2010:183). The review of CTs in Sub Saharan Africa shows a different picture. Garcia and Moore (2012:113-114) state that the CT programmes "showed less preference for distributing cash exclusively to women. Almost half of CCT programmes and 9 in 10 UCTs distributed cash to either male or female beneficiaries ... slightly over 20 percent of all programmes indicated that cash transfers should be given to women whenever possible. This tendency is markedly greater in CCTs than in UCTs." Mali's CT programme funded by UNICEF to improve school attendance, and implemented between 2002 and 2007 paid monthly transfers to mothers of children benefiting from the programme (ibid., 276). Nigeria's COPE CCT programme makes payments to an adult female household member (ibid., 292). Transfers in Senegal's CCT for OVC are paid to a parent, guardian or institution in charge of the OVC. "In practice, the most effective adult for this role has proved to be the mother figure in the household" (ibid., 303-304).

Some countries are pursuing empirical work that will provide the evidence-base for deciding which household member should be the transfer recipient. Burkina Faso's pilot CT programme is one such an example where some cash transfers are paid to male adults and others are being given to female adults in the households. The results from the impact evaluation will inform

the design of other CT programmes in the region (ibid., 114). Garcia and Moore (2012:114) make the striking point that “[c]are should be taken to understand how receipt of the CT especially by women affects intra-household relationships. Transferring cash to women rather than to men may improve household welfare and give women greater household bargaining power. Conversely it could also be counteracted in the household.” The FAO (2015:33) finds in its six-country case study that “CTs that target OVCs went to a particularly large proportion of female-headed households, and these transfers increased women’s access to and control over resources in contexts where women already had some say in household spending decisions. Cumulative findings from global research on CT impacts suggests (sic) that transfers given to female recipients are more likely to be spent on meeting household needs and lead to positive outcomes for those within the outcomes.”

CT programmes that use a system for beneficiary proxy representation to cater for elderly, chronically sick or disabled cash recipients who may be unable to walk to pay points or are illiterate require strong fraud risk prevention and management mechanisms to be in place. The proxy system depends partly on trust within households and communities, and can be open to abuse in cases where proxies may choose to convert the cash transfers to their own use instead of remitting to the primary beneficiaries. Paying officers in the case of pay point distribution systems need to correctly identify proxies and link them to registered households in programmes. The proxy system can thus be an important operational issue in CT’s and may be a potential flashpoint for weakening or strengthening different dimensions or forms social capital for example, trust within households and communities.

### **3.3.6 Cash payment mechanisms**

A review of the cash transfer literature reveals a range of payment mechanisms used across programmes, countries and regions. There are similarities and differences in the range of payment systems used in CT programmes. Some cash payment systems promote face to face interactions between beneficiaries and government officers, and programme staff, while

others do not especially those relying on technology. In this regard, a programme's cash payment system may have implications for weakening or strengthening different forms of social capital within communities. Currently there is no research evidence that addresses the question of cash transfer payment methods and their potential or actual social effects.

Most cash transfer programmes across the world require that payees or recipients collect their cash benefits. Many of the Latin American programmes dispense cash through the banking system. According to Grosh *et al.* (as cited in Hanlon *et al.* 2010:148) in Brazil, the cash distribution is through a state bank, Caixa Econômica Federal, through a simplified current account linked to a debit card system. The bank has more than 15,000 banking points at fuel stations, lottery sales offices and shops. Most of the Bolsa Familia beneficiaries collect their cash benefits from lottery sales points. In Turkey, payments are made through a state bank with recipients withdrawing their cash from teller points within banking halls. In Mexico payments through banks are common in urban areas (Fiszbein & Schady 2009:82).

In Sub Saharan Africa, payment mechanisms range from technology-based distributions to basic pay point methods. Pay point distribution is common in Ethiopia, Malawi, Zambia, Mozambique, and Zimbabwe among many countries. In these countries the registered recipients or their proxies are required to be at designated places such as community centres and other local facilities such as government district offices, schools, and churches on certain days and specific times. Armoured security company vehicles carrying cash machines take the money to the pay points. In countries such as Zimbabwe, this system is referred to as "cash-in-transit". Locations are usually varied from time to time for security reasons. Community committee members involved in the delivery of CT programmes often communicate dates and venues to programme beneficiaries nearer the cash payment dates (Hanlon *et al.* 2010:148; Garcia & Moore 2012:106). In the rural areas, the average distance walked by cash transfer beneficiaries to and from pay points within a ward varies across programmes. In many programmes that rely on pay point distributions, distances walked by beneficiaries are regularly monitored to



ensure that points are within reasonable distances that do not result in huge transaction costs – time and trouble to beneficiaries. A fundamental point with any cash payment method is that payments have to be efficiently done. A common challenge with pay point distribution is that paying huge numbers of people in the same place on the same day could be fraught with delays and may result in beneficiaries waiting long periods of time to collect their cash benefits. Hanlon *et al.* (2010:149) suggest that programmes establish enough pay points, or payment days may need to be spread out. Vincent and Cull (2011:38) highlight additional disadvantages associated with physical delivery of cash transfers:

The physical delivery of cash is expensive, as the liquidity of the resource implies that it may be siphoned off as it passes through many sets of hands after leaving the implementer [donor or government source] and before reaching the legitimate recipient. In addition to instances of fraud and corruption, the physical movement of funds may also face the risk of cash-in-transit heists. As a result, the costs of physically delivering cash transfers may represent a disproportionately high percentage of programme budgets.

Other payment methods common in CT programmes include the following: collections from local post offices or post bank systems as in Kenya's CT-OVC and Ghana's LEAP programmes; use of community committees to make payments to beneficiaries as is the case in some CT programmes Mozambique, Tanzania and Burkina Faso's pilot CCT-CT programme; payments by respected community leaders such as teachers or health workers as is the case with Zambia's cash transfer programmes; and direct bank deposits into beneficiaries bank accounts. Bank accounts are considered important entry points in to the 'global village' of formal financial services, such as savings, insurance, and credit. The literature highlights three controversies associated with direct bank deposits: potential fraud risk as transfers could be made to non-beneficiaries or "ghost beneficiaries"; cash deposits could encourage savings at the expense of immediate poverty alleviation objectives; and some beneficiaries may just not collect their cash at

banks because of transactions involved (Garcia & Moore 2012:106; Hanlon *et al.* 2010:149).

The use of technology in cash transfer payment systems is expanding in CT programmes throughout the world. The rapid advance is particularly notable in Sub Saharan Africa. Point-of-Service (PoS) devices and mobile phone technology are already in use. The PoS system uses portable devices that can work offline but they must occasionally be connected to a mobile network to update financial records following cash out transactions. The PoS system is in both urban and rural areas although they feature mainly in the latter locations where bank branches are not available. With this method, cash recipients are provided with smart cards. Biometric fingerprint verifications are done to identify beneficiaries (Garcia & Moore 2012:106). Kenya's HSNP partnered with Equity Bank to distribute cash payments. The bank vets and selects the PoS agents. The agents are usually trusted local storekeepers who must have enough cash to pay at least 100 CT beneficiaries every month (*ibid.*, 263). The repeated face to face interaction can be a basis for strengthening of linking ties between the agents and cash recipients. Linking ties are a form of social capital: Through repeated interactions cash recipients may also access business-related information such as pricing information, inflation, new products, insurance, credit opportunities and labour market opportunities.

Mobile phones are being used for banking and money transfers. According to Hanlon *et al.* (2010:149) the use of cell phone banking in cash transfers began in Philippines in 2005. There is growing research evidence that mobile phones have been instrumental in promoting greater financial inclusion of the previously unbanked poor people most of whom operate in the informal sectors of society. Mobile money transfers are electronic methods of payment and are seen as reducing transaction costs of payments, and make delivery more convenient and efficient compared to the many existing cash-based payment systems. The rapid expansion of mobile phone infrastructure worldwide and particularly in Sub Saharan Africa is increasingly making mobile money transfers a viable, flexible and efficient option. Beneficiaries are

required to register cash accounts on their mobile phones' sim cards. Cash is transferred by text messages, and cash can be deposited by giving money to a registered agent such as a local shop, which then credits the account (ibid.). Kenya's M-PESA scheme operated by mobile phone network operator Safaricom, is often cited as a successful example of the use of mobile phone technology as a delivery mechanism for cash transfers. Beneficiaries register at authorised M-PESA agents. Once registered cash transfers are made to the recipients' mobile phones from which it is possible to either obtain cash from a number of M-PESA agents engaged directly by Safaricom or to purchase airtime, goods or services directly from merchants who are signed up for the service, and to pay bills via a billing payment platform also part of the M-PESA scheme (Vincent & Cull 2011:42). The wider penetration of the M-PESA scheme prompted the international NGO Concern Worldwide to use the scheme for a short term humanitarian cash transfer programme (Kerio Valley Cash Transfer Project) in 2008. Cash transferred delivered through the scheme were assessed as secure and costs effective (ibid.).

Gerelle (as cited in Garcia & Moore 2012:110) states that Nigeria's Kano CCT for Girls is testing use of mobile phone technology to deliver cash transfers and send programme messages in a limited capacity environment. The results will have implications for further expansion of mobile phone technology-based cash transfer delivery in Sub Saharan Africa.

South Africa's CT system is well developed and ahead of many countries in Sub Saharan Africa, and compares well with Latin American countries. Most Latin American CCT programmes work through the banking system (Fiszbein and Schady 2009:83). The South Africa CT payment system has the widest coverage of beneficiaries in Sub Saharan Africa. South Africa implements a number of grants schemes including: Old Age, Disability, Child Support, Foster Care and Care Dependency (Garcia and Moore 2012:309). Transfers are delivered through multiple mechanisms but primarily through electronic delivery of cash. These include debit cards, smart cards and cell phones making use of direct bank deposits, automated teller machines (ATMs) and PoS devices. A company called Net1 distributes transfers in five of South

Africa's nine provinces and beneficiaries receive their cash through mobile ATMs that function on and off-line (Del Ninno; and SASSA cited in Garcia & Moore 2012:310).

The examples of cash transfer delivery mechanisms highlighted above show that a number of important considerations come into play in deciding cash payment arrangements in CT programmes not least because payments have to be predictable, accurate, efficiently and securely processed. The key considerations are that, when designing payment systems critical assessment need to be done: the extent of services, quality and coverage by service providers in the areas served by the CT programme; modalities to be used for payment – electronic or physical cash delivery; cost of modalities including institutional restrictions or barriers; transaction costs – in time and trouble to beneficiaries; and social, political and administrative costs (Clunies-Ross & Huq 2014:61; Garcia & Moore 2012:109; and Castañeda 2009:196). All these factors are critical in maintaining the credibility of the cash transfer programmes. It is for this reason that CT programmes often use multiple payment systems.

### **3.3.7 Frequency and reliability of cash payments**

There are variations in the frequency of payments in CT programmes worldwide. Most CCT programmes pay bimonthly or less often in order to manage the transaction costs for the programme and beneficiaries. In CCTs with education investment goals sometimes there are no payments during school holidays, yet in other programmes payments are done throughout the year or timed before school terms commence to enable households to purchase the necessary school materials (Fiszbein and Schady 2009:82). A review of CT programmes in Sub Saharan Africa shows that most of the CT programmes pay on a monthly or bimonthly basis. In fewer instances, CTs are paid quarterly or annually (Garcia & Moore 2012:109-112). Sabates-Wheeler, Devereux and Guenther (as cited in Garcia & Moore 2012:112) highlight key factors which must be considered when deciding the frequency of cash payments to beneficiaries: transaction costs and timing of the payments, and ability of households to incorporate cash payments of a given frequency into

their household income stream. For example, when the goal of a programme is to enhance agricultural productivity, CTs must be paid at suitable times in the agriculture production cycle for desired impacts to be realised.

Transfers must be reliable or assured. Cash recipients must be convinced and have the confidence that payments will arrive as scheduled and that households can depend on it. If this is case, only then can households make medium to long term plans and invest in income-diversification and resilience-building measures (Hanlon *et al.* 2010:178). A six-country case study done by FAO's PtoP regional CT research programme found that "across countries [except for Ethiopia], late and unreliable payments were the biggest obstacle to sustaining positive impacts of CTs." Cash payments were not always made against planned frequencies. When payment dates were missed by the implementers, households were negatively affected through increased debts, disinvestment of assets and inability to plan (FAO 2015:47).

### **3.3.8 Grievance and complaints management system**

Accountability and transparency mechanisms are critical for the success of CT programmes. A key design and implementation feature of CT programmes that enhances programme accountability and transparency is the grievance and complaints management system. The purpose of a grievance and complaints system is to ensure that beneficiaries and non-beneficiaries have access to appropriate channels through which to voice complaints or concerns about the CT programme. In addition, grievance mechanisms are also important for "the identification of systemic weaknesses which, if left unchecked, could undermine a programme's public and political reputation" (Barrett & Kidd 2015:9). A functional system is made up of defined procedures and responsible people for dealing with different types of complaints or grievances from beneficiaries and non-beneficiaries. The main problems in CT programmes include: inclusion and exclusion errors in targeting, delays to enrolment and cash payments, supply side responses, distance to pay points, security of beneficiaries following cash collections, fraud and corruption.

A grievance and complaints mechanism requires procedures that must deal with the following important issues:

- Defining how complaints, grievances, and updates will be presented;
- Determining the time limits and responsible units for addressing them, and deciding on the penalties; and
- Handling appeals, for example, to whom they are addressed, when, and time limits (Castañeda 2009:197).

Barret and Kidd (2015:9) identify similar issues as those put forward by Castañeda (2009) but their departure point is that “there are broadly two types of grievance mechanism: appeals against exclusion during registration/targeting and complaints about delays to enrolment, loss of payment tokens ... or fraud at pay points.” The authors assert that cash transfer programme designs need to integrate robust grievance and complains mechanisms which enable programmes to investigate and respond comprehensively to issues and concerns raised (ibid.). Barrett and Kidd (2015:9-10) propose a three tier management system for grievances: A first tier which setting out a simple complaints procedure operated by payment service provider to address complaints such as lost or malfunctioning payment tokens. The second tier consists of an accessible complaints mechanism operated by the CT programme administrators working collaboratively with local government officials, or an independent agency as in the case of Kenya’s HSNP. It is important to ensure that in the case of using an independent agency, efforts are made to adequately resource the agency so that complainants have easy access to the agent and that cases are thoroughly investigates and resolved. A third tier is an independent authority which acts a last resort after recourse measures fail at tiers one and two. Examples of third tier bodies include Human Rights Commissions; State Protector or Ombudsman; and the justice system. In South Africa, the third tier is the Department for Social Development.

A review of the CT literature shows significant variations and fewer similarities in grievance and complaints management mechanisms. Some programmes do not have grievance mechanisms while in others, the systems are

rudimentary, generally not well-coordinated or are under development. Other programmes are using innovative ways to ensure that beneficiaries raise their grievances.

Garcia and Moore (2012:135) highlight challenges associated with grievance mechanisms that rely heavily on community-based structures. The challenges are particularly notable in Sub Saharan Africa. Community members dealing with complaints and appeals may not be impartial, could be retributive, biased and processes may be manipulated by political elites. Ethiopia addressed these challenges by “allowing appeals of targeting decisions by community food security task forces to be taken to higher levels for consideration” (ibid.). South Africa’s CT system has a hotline that people can use to channel complaints. Lesotho and Zimbabwe use “help desks” at cash transfer pay points to receive and address complaints. In the latter’s case, the grievance mechanism “is not embedded within a proper accountability framework and has numerous important gaps ....” (American Institutes for Research 2014b:29).

A qualitative research analysis of six CT programmes in Sub Saharan Africa done by FAO (2015:48) found that:

Mechanisms for filing grievances were generally not well coordinated (or sometimes did not even exist), leading to many problems at the community level .... In many instances, chiefs, traditional leaders and local administrators were often de facto sources of authority to handle grievances and mediate conflicts between beneficiaries and non-beneficiaries, whether or not they were formally involved in the CT processes. They were viewed as being impartial and having a better understanding of the community, but they did not know how to help people make actual complaints. In Zimbabwe, it was found that traditional leaders and councillors were de facto dealing with grievances, despite not formally being involved in the programme.

The problems of weak and uncoordinated grievance mechanisms undermine the accountability and transparency of CT programmes. In addition, they are

potential inhibitors of formation and strengthening of different forms of social capital within communities as often jealousy, resentment and a lack of trust become common thereby affecting the success of the programmes. Countries implementing CT programmes particularly in Sub Saharan Africa need to ensure that programmes have robust grievance and complaints handling systems. Learning from best practice and experiences of other countries is important. Sub Saharan African countries could learn from Philippines's 4Ps GRS described and analysed earlier.

Gumede (2008a:2-3) makes the case for South-South cooperation on human development policies and programmes: "Countries of the South can benefit greatly from each other by exchanging practical experiences in conceptualizing and implementing policies and programmes that ensure sustainable poverty reduction." Clearly countries of the South can exchange "learning and teaching" experiences on evidence-based design and implementation of grievance mechanisms.

### **3.3.9 Graduation and exit strategies**

The design of any effective cash transfer programme requires attentive consideration of rules for exit and entry. The fundamental question that cash transfer programmes attempt to solve at design stage is "whether there should be a sunset clause or time limit after which the payments decrease or disappear" (Clunies-Ross & Huq 2014:63). This strategic question has received considerable attention in CT programmes across regions – Latin America, and Sub Saharan Africa regions. A number of reasons explain the domination of the notion of graduation in cash transfer programmes. According to Sabates-Wheeler and Devereux (2011:16) graduation is "critical for programming and budgetary purposes because [it] defines eligibility for and exit from many social protection programmes ...." Fiszbein and Schady (2009:24) infer that "entry and exit rules are necessary to avoid confusion among prospective beneficiaries and to minimise the potential for manipulation and abuse. Entry and exit rules are also important because they can have unintended incentive effects, particularly related to labour force participation." Graduation is a central feature in the design of CT programmes



also because cash transfers contribute to reducing the vulnerability of poor people to the extent that they move off dependency and manage moderate shocks and risks on their own or from other social support programmes.

The concept of graduation is defined in several ways. According to Grosh (2014) the concept can refer to:

1. Actions to raise or stabilise households' autonomous income – [for example] graduating from the present degree of poverty,
2. Exiting a program due to some benchmark met – aging out, or no longer meeting needs assessment, and
3. Euphemism or fig-leaf for exiting a program with no real prospect of betterment.

Sabates-Wheeler and Devereux (2011:10) distinguish between “threshold graduation” and “sustainable graduation.” Devereux (as cited in Sabates-Wheeler and Devereux 2011:10) states that: “[t]hreshold/benchmark graduation describes a process whereby recipients of support move from a position of depending on external assistance to a condition where they theoretically no longer need this support, and can therefore exit the programme.” The threshold is a programme-defined benchmark and is primarily an administrative issue. Sabates-Wheeler and Devereux (2011:10) define sustainable graduation as “the ability of the household to remain above the benchmark in the medium- to long-term via a transformed [and more resilient] livelihood.” Sustainable graduation provides a firm platform for security against future destitution and is a pathway towards economic independence. A point is made that sustainable graduation requires that threshold graduation be met first for example relieving extreme poverty. Much of the focus in social cash transfers is on threshold graduation. Several key factors that enable or constrain a household's movement along a pathway to sustainable graduation are outlined in the CT literature and include: state of markets, baseline resource conditions and functionality and efficiency existing assets, size of transfer and coverage, household level incentives and the social, political and environmental contexts. These factors may be

programme-specific, beneficiary-specific, community-specific or market-specific (ibid., 11).

There is general consensus amongst authors in the CT literature on the point that some categories of CT beneficiaries should not be expected to quickly graduate from programmes and in some cases graduation should not be expected to occur at all. In the latter case, provision of cash transfers will not have a time-limit or termination plans. Garcia and Moore (2012:129) point to the demographic peculiarity in Sub Saharan Africa where generation-gap households composed of older persons and many orphaned children are increasingly common. Programme graduation is not feasible with such high dependency ratio households in the short or even medium term. Sabates-Wheeler and Devereux (2011:17) make a similar point: “Not all households can be expected to ‘graduate’ from social protection programmes. Some vulnerable and poor people, such as the elderly poor or people living with severe disabilities, are likely to require social assistance over a long, if not life-long, period.”

Graduation and exit rules and practices differ across regions and cash transfer programmes – conditional or unconditional. Johannsen, Tejerina and Glassman (2010:159) provide useful insights into the exit rules and practices of CCT programmes in Latin America. The authors assert that “experience with truly results-oriented exit strategies is scarce.” Results-oriented exit strategies are based on the notion that after desired effects have been achieved, beneficiaries exit the programme. For example, CCT graduation based on the education cycle in terms of completing a certain secondary school grade. Chile’s Solidario is generally considered an example of a programme with a results-based graduation model even though it uses time limit on beneficiaries. The Solidario is a bridge programme that adopts a phased programme design involving a 2-year intervention and a subsequent 3-year exit phase “with frozen payment amounts designed to encourage the graduation to other programmes.” The programme provides a coordinated social safety net platform that links households to a variety of social programmes, services and the wider economy. The key expectation in the

programme design is that after 2 years beneficiaries will have achieved threshold graduation and move towards the sustainable graduation pathway.

The most common exit strategies in many CCT programmes in Latin America are based on budgetary limits and government cycles. These two factors lead to exit rules related to time limits (maximum time period to be spent in the programme) or to natural age-related graduation when the age cap for eligibility to receive benefits is reached as is the case in Colombia's programmes (ibid.).

In Sub Saharan Africa, Ethiopia's PSNP and Rwanda's Vision 2020 Umurenge Programme (VUP) provide useful examples of the practice of graduation in CT programmes. The concept of graduation is an integral part of the PSNP. The PSNP's Graduation Guidance Note (FSCB) as cited in Sabates-Wheeler and Devereux (2011:8) describes graduation from PSNP as follows: "A household has graduated when, in the absence of receiving PSNP transfers, it can meet its food needs for all 12 months and is able to withstand modest shocks." Ethiopia's Food Security Programme (FSP) is made up of four components, and three components contribute directly to the graduation model. The three are the PSNP – designed to protect existing assets and ensure a minimum level of food consumption, the Household Asset Building Programme (HABP) – designed to increase household incomes generated from agricultural activities and to build up assets through extension and credit services, and the Complementary Community Investments (CCI). Graduation in the FSP is a phased approach arising from the combined effect of the components and other development interventions in the programme areas. Coming first is the graduation from PSNP as described earlier. Households then receive a year of support through the HABP enabling them to accumulate assets. The graduation becomes sustainable when households become resilient enough to support themselves at which point they fully exit the FSP (ibid., 9).

In the case of Rwanda's VUP households are categorised into 5-7 wealth groups. Eligible households are those listed in the bottom two wealth categories. Retargeting is carried out biannually and households that no

longer qualify to be in the bottom 2 wealth categories exit the programme, and are subsequently replaced by others (Sabates-Wheeler & Devereux 2011:9; and Garcia & Moore 2012:129).

A key challenge identified in the CT literature on graduation is that some programmes across regions often pushed beneficiaries from programmes before they were able to survive without cash transfers. Garcia and Moore (2012:129) cite the example of PSNP which initially graduated some households after they accumulated assets despite the assets being acquired on credit in some cases. Such households had no option but to sell the assets in order to liquidate their debts thus defeating the objectives of the programme. Many of such 'graduates' fell back below the graduation threshold within a short period of time suggesting that graduation was done prematurely. Ethiopia moved to address the problem by promoting programme linkages through the FSP described earlier. Johannsen, Tejerina and Glassman (2010:159) make the point that "... CCT programmes in Latin America are not well prepared to release their beneficiaries" primarily because exit strategies based on results are limited in the region.

Graduation and exit rules in CT programmes represent an important social dimension of CT programmes with important social implications. Fundamentally, beneficiaries and non-beneficiaries need to be informed unambiguously about the entry and exit rules of CT programmes. This is necessary to build trust between programme officials and communities and to avoid confusion through information asymmetries. Results-oriented exit rules and graduated benefits provide assurance to beneficiaries that they will not be worse off or fall from "cliffs" after payments are stopped. As is emphasised in the CT literature, graduation arises from the combined effect of many programmes and development interventions, and not just the sole success of CT programmes. In this regard, graduation and exit rules that are predicated on a programme's ability to link households to other services are likely to serve as a basis to build or strengthen a household or community's linking social capital – that is, the capacity to leverage resources, ideas and information from other programmes beyond exited programmes. Accessing

these additional resources in order to strengthen resilience enables households to scale up micro-level social capital – bonding and bridging – as they come into contact with new programmes, institutions, new markets and higher level economic opportunities and activities.

### **3.3.10 Institutional location of CT programmes**

Cash transfer programmes require strong operational capability, robust and efficient coordination, specialist and competent management skills. This is because CT programmes involve complex implementation mechanisms for targeting, payment modalities, grievance handling, accountability aspects of the programme, monitoring, and evaluation. Start-up phases of CT schemes are in most cases operationally intensive and require significant administrative capacities. Thus, deciding the institutional arrangements for the governance and running of CT programmes is a task of strategic and operational significance. This is an area where most countries and programmes fail for they underestimate the complexity and sophistication required to successfully run CT programmes. Garcia and Moore (2012:138) assert that “the institutional [location] of a programme must have both the capacity to implement a CT programme and the ability to coordinate among stakeholder groups.” These resources are important for the performance of a CT programme.

The CT literature describes a wide range of institutional locations for CT programmes in various regions. There are notable differences between established programmes of Latin America and the relatively recent programmes in Sub Saharan Africa. Within the Sub Saharan region there are also differences in institutional locations of CT programmes between low-and middle-income countries (ibid.).

The trend in Latin America and the Caribbean region shows that most cash transfer programmes are housed in governments and run by the Ministries of Social Development, Social Welfare or their equivalents. The rationale is that “the coordinating role is assigned to the ministry most directly linked to social protection” (World Bank 2015:35). This is considered appropriate because

cash transfer programmes are a component of social protection and often included in long term strategies in social policies. De Britto (2010:188) asserts that integration of cash transfer programmes into line ministries “might increase the prospects of sustainability and institutionalisation of these programmes ....” Brazil’s Bolsa Familia programme is located in the Ministry of Social Development and Hunger Alleviation as a regular government programme (Cecchini & Madariaga 2011:154). Mexico’s Oportunidades is coordinated by the Ministry of Social Development (ibid., 156).

There are few exceptions In Latin America and the Caribbean region such as Colombia’s CCT programmes which are run by the Office of the President of the Republic, and El Salvador’s programme which falls under the Office of the President and executed by the Social Investment Fund for Local Development (Castañeda 2010:198). The long term political sustainability of cash transfer programmes that are coordinated by high level structures such as the Offices of the President are vulnerable to political changes because they tend to be linked to individual persons – Presidents (Cecchini & Madariaga 2011:152). When governments change, new leaders often come with their own preferences.

A third group of CCT programmes in the Latin America and Caribbean region take a sector-based approach, that is, they fall under specific sector ministries and departments. For example, Bolivia’s Juancito Pinto Grant and Mother-and-Child Grant are housed in the Ministry of Education, and Ministry of Health and Sport respectively. Brazil’s Bolsa Escola school grant programme is coordinated by the Ministry of Education (ibid.). A major challenge with sector specific programmes highlighted in the literature is the lead ministry’s reduced capacity to coordinate with other ministries creating risks of duplication of functions, double-dipping by beneficiary groups and ineffective use of limited resources.

Across Sub Saharan Africa, the institutional settings of cash transfer programmes show similarities and differences with the practices of Latin America and the Caribbean region. In their review of CT programmes across Sub Saharan Africa, Garcia and Moore (2012:138) found that nearly 50

percent of the reviewed programmes mainly short-term humanitarian cash transfers often funded by NGOs and international donors are located outside government ministries and departments. The remainder of the programmes were based in government social welfare or labour departments. Six Sub Saharan African countries included in FAO's qualitative research and analyses of the economic effects of cash transfer programmes are all located in government departments (FAO 2015:6).

**Table 3.1: Institutional locations of cash transfer programmes in selected countries of Sub Saharan Africa**

<b>Country</b>	<b>Institutional location of CT programme</b>
Ethiopia	Tigray Bureau of Labour and Social Welfare
Ghana	Department of Social Welfare, within Ministry of Employment and Social Welfare
Kenya	Department of Children's Services, within Ministry of Gender, Children and Social Development
Lesotho	Ministry of Social Development
Malawi	Ministry of Gender, Children and Social Development
Zimbabwe	Department of Social Services, with the Ministry of Labour and Social Welfare
South Africa	Ministry of Social Development

Similar to the practice of some programmes in Latin America and the Caribbean region, Sub Saharan Africa also has sector-specific programmes housed within specific line ministries. For example, Ayala (as cited in Garica and Moore 2012:140) states that Eritrea's Results-Based Financing (RBF) programme is coordinated by the Ministry of Health. According to the World Bank (as cited in Garcia & Moore 2012:237) Ethiopia's PSNP is housed in the government's Office of Food Security, under the Ministry of Agriculture and Rural Development.

A key finding by Garcia and Moore (2012:138-140) points to a correlation between the institutional location of a CT programme and the national income status of the reviewed countries in Sub Saharan Africa. "As income levels decrease, [CT] programmes are increasingly seated outside of the government. Approximately three in four CTs in lower-middle-income countries have government homes; [and] this number is reduced to one in three for low-income countries.... Excluding Zimbabwean CTs, 85 percent of

programmes in fragile states are based outside of the government. This situation clearly illustrates why there are concerns that CTs in low-income countries are donor driven” (ibid.).

In Sub Saharan Africa, South Africa is strong example of country whose CT grants are housed in a government ministry (Social Development) with actual implementation done by a semi-autonomous body – South African Social Security Agency. The agency reports to the Ministry of Social Development. Barrett and Kidd (2015:14) make the point that SASSA has strong administrative capacity to coordinate all the grant schemes as “professional staff are placed at all levels [of the agency], including in the local offices responsible for managing engagement with applicants and beneficiaries.”

Compared to Latin America’s CTs, Garcia and Moore (2012:141) find that very few programmes in Sub Saharan Africa are coordinated by or operate under the Offices of the President. The reason cited for this difference is that there are limited or no “widespread national social protection policies and programmes” in Sub Saharan Africa.

A major challenge with the government institutional settings of CT programmes across regions is their capacity to ensure efficiency in implementation, management, and monitoring, and long-term sustainability. The capacity levels of government ministries and departments running CTs is low in most of the low-income and fragile states to the extent that most CTs are housed in weak institutional locations particularly in Sub Saharan Africa (ibid., 141). This is largely attributed to historical colonial legacies as government departments and structures created during colonial times did not prioritise social protection programmes for the poor majority. The culture and skills of the bureaucrats involved with the delivery of CT programmes do not match the complexity of most CT programmes. In addition, social protection was deeply embedded in informal institutions for example, kinship-based systems.

The implementation of cash transfer programmes requires coordination among actors across several sectors (health, education, agriculture, finance,



civil registry) and different levels (national, district, local, community). Many CT programmes have umbrella bodies usually government ministries, and coordination and execution agencies. Where service provision is decentralised to subnational levels, countries usually have subnational or local coordination structures. Mexico provides an illuminating example of this practice. There is a national coordinating council, technical coordinating committee, state coordinating committees and local coordination structures (Fiszbein & Schady 2009:98). In many countries, cash transfer programmes act as a strategic instrument of delivery decentralised services where local municipalities and other local authorities run the programmes thus providing an opportunity for direct links between beneficiaries and local administrators.

Apart from the formal institutions discussed above, another strand of literature identifies informal institutional arrangements as having an important influence on the success or failure of CT programmes. It is argued that ignoring the role of informal institutions for development can result in negative outcomes. The literature points to examples of programmes and policies that have successfully integrated informal institutions to achieve poverty reduction. Most definitions of informal institutions in the literature include informal rules, customs, traditional practices, beliefs, social norms, family and kinship structures, and historical experiences of actors involved social, economic and political activities in society. Economist Douglas North (1990) is widely credited with catalysing interest in institutions and distinguishing formal and informal institutions and their role for economic performance and outcomes. North (1990) argues that informal institutions defined as “norms of behaviour or societal codes of conduct” shape human interaction and play a part in predicting behaviour of other actors or agents in transactions.

Formal and informal institutions affect CT programmes in multiple ways and cash transfers can also reinforce or weaken informal institutions in societies. Research done by FAO (2015) in six countries in Sub Saharan Africa shows important links between CT programmes and institutions. The links provide useful insights in to how cash transfers may affect social capital in a community. The research found that the CT programmes’ grievance

mechanisms “were generally not well coordinated (or sometimes did not even exist) leading to many problems at community levels ....” In many cases, the moral authority of key informal accountability institutions such as village chiefs and traditional leaders handled grievances and mediated disputes between beneficiaries and non-beneficiaries (ibid., 48). The village chiefs and traditional leaders had no formal roles on the programme and in some cases operated outside of the programme’s officially sanctioned channels as defined by CTs’ operation manuals yet “they were viewed [by affected people] as being impartial and having a better understanding of the community” (ibid.). This shows that informal institutions can serve as an enforceable grievance handling framework in the absence of clearly defined formal rules and sanctions. In this regard informal institutions and the CT programmes interacted in mutually reinforcing ways. CTs served to reinforce informal accountability mechanisms within beneficiary communities. On the other hand the widely accepted moral authority of traditional leaders filled an important accountability vacuum. The study further shows that in Ethiopia, Kenya and Malawi the CTs enabled the poor to join or re-enter in informal risk insurance networks such as informal rotating savings groups and burial societies (ibid. 43).

Cash transfers can serve as an important medium for linking beneficiaries and non-beneficiaries with those in positions of power or authority. As most cash transfer programme are housed in formal government institutions and with government officials involved in the delivery of the programmes through administrative and operational processes such as targeting, registration, pay-point distributions and monitoring processes, CTs can weaken or strengthen linking social capital. According to Woolcock (as cited in Mendoza-Botelho 2013:1221) linking social capital is a useful “alternative way to understand the relationship/interaction between people and communities/groups in formal/institutional settings....” Szreter (as cited in Mendoza-Botelho 2013:1221) elaborates the point: “[d]emocratic, respectful linking social capital is exhibited by government officials when they conduct themselves as true social brokers [...] as individuals who are equally conversant with the language and values of both the policy world and that of the community in

which they are working to bring in certain useful resources.” Mendoza-Botelho 2013:1222) highlights the importance of people’s trust towards institutions proxied by perceptions regarding institutional performance. The point is made that “people wouldn’t become active participants in activities of an organisations/institution unless there is at least some basic level of trust.”

Trust in institutions is an important element of the cognitive dimension of social capital and discussed in detail in a later section in this chapter. It is worth noting here that this element is applicable in CT programmes as trust in government officials involved in the implementation of CTs by beneficiaries and non-beneficiaries allows coordinated actions for effective and efficient implementation, and social accountability in CT programmes. This type of trust also allows for the meaning and active involvement of community groups in CT programmes. Trust in institutions leads to efficient functioning of formal institutions by reducing transaction costs (for example less enforcement mechanisms for compliance with conditions of a cash transfer). The absence of institutional trust may hinder the achievement of the goals of CT programmes because people have no basis to cooperate with those administering the programme. People may think that decisions made by those in authority are not in the best interests of the poor for example, targeting decisions may result in significant exclusion errors thus defeating the goals of CT programmes.

### **3.3.11 Communication**

Public communication strategies are critical components of the design and implementation of CT programmes. Communication can hinder or help the achievement of CT goals. Garcia and Moore (2012:136) and Barrett and Kidd (2015:17-18) highlight several points stressing the important role communication plays in successful implementation of CT programmes:

- Raises public awareness of the existence of programmes,
- Explains the purpose and features of programmes for example eligibility criteria and administrative procedures, rights and responsibilities of beneficiaries,

- Builds broad public and political support for programmes and helps maintain that support,
- Helps reduce the susceptibility of beneficiaries to exploitation and abuse,
- Counters any local level politicisation or misunderstanding of the programme among the general population
- Communication strengthens programme accountability by providing the general population with information about programme performance, challenges and coverage, and
- Maximises the effects of CT programmes by influencing the behaviour of beneficiaries by encouraging them to save and invest.

The CT literature provides useful examples of CT programmes that have integrated communication strategies in their designs. Kenya's CT for OVC embeds "a strong communication plan" which seeks to increase understanding of the programme and enhancing transparency. The communication tools in the programme include: community awareness campaigns, pamphlets, posters, and digital platforms such as a programme website (Garcia & Moore 2012:137). Uganda's Senior Citizen Grant scheme uses its communication strategy to help "allay public concerns over the purpose of the registration exercise and, therefore, encourage eligible older people to come forward and register" (Barrett & Kidd (2015:17). Garcia and Moore (2012:138) point to the inadequacies of CT designs by observing that most CT programmes consider the importance of communication "later in the implementation process, after problems emerge." The authors argue that communications should be an integral component of CT programmes in the entire programme cycle from design to completion.

### **3.4 State of the evidence of social effects of cash transfers**

Cash transfers are contributing significantly to the development of a culture of evaluation in the field of social protection. To date cash transfers are among the most rigorously researched and evaluated development interventions. However, much of the research evidence is predominantly quantitative and documents effects of CTs on human development outcomes – health,

education, food security and nutrition. Another strand of evidence is on the economic effects of cash transfers.

There is limited but expanding empirical evidence on the social effects of CTs in the literature. This section examines and discusses the state of evidence of the social effects of CT programmes and draws from different programmes, countries and regions. The focus is on effects of CTs on structural and cognitive dimensions of social capital: social networks; risk-coping mechanisms; crime and anti-social behaviours; social capital dimensions of trust in individuals and institutions, discrimination and community participation; gender-based violence; social status and self-esteem; social relations; social networks and membership associations, happiness and electoral participation. The review shows a mixed picture indicating positive and negative effects of CTs on various dimensions of social capital.

### **3.4.1 Effects on social networks**

Social networks are both indicators of social capital and are also a process that leads to social capital (Kadushin 2012:177). Entry or re-entry into informal social networks is an important source of support and risk reduction mechanism in many parts of rural Africa. Several recent studies have examined the effects of cash transfers on social networks and risk coping strategies and many of the studies have been done in sub Saharan Africa. In a six country case study (Ethiopia, Ghana, Kenya, Lesotho, Malawi and Zimbabwe) the FAO (2015:38) tested two hypotheses stated below:

Cash transfers increase beneficial risk-sharing arrangements and economic collaboration underpinned by social capital (trust-based reciprocity).

Empirical evidence partially confirmed the first hypothesis. Cash transfers led to improvements in beneficiaries' access to economic collaboration in the communities. The regularity and certainty of the cash transfer payments and the absence of basic needs-spending priorities were key factors in determining continuity and strength of the economic collaboration.

Changes in social networks linked to cash transfers positively affect the most vulnerable and least powerful people in a community through greater inclusion in decision-making processes (including through an increased ability to make “social contributions”) and increasing their “entitlement sets” and livelihood choices.

Empirical evidence largely confirmed the second hypothesis. The cash transfers increased the ability of the poorest and most vulnerable beneficiaries’ participation and re-entry into the social life of their extended families and communities. The study found no evidence of beneficiaries’ participation in community decision-making processes (ibid.). The study reported social rifts caused by CTs across the case study countries. Jealousy and resentment were found within communities where there were only marginal differences in poverty and asset ownership between beneficiary households and non-beneficiary households in the Kenya CT-OVC programme (ibid., 45).

Daidone, Handa, Davis, Park, Osei and Osei-Akoto (2015:13) used data from a quasi-experimental impact evaluation of Ghana’s LEAP CT programme. Consistent with findings from the FAO study highlighted above, they found that LEAP “plays an important function in helping households [to] ‘re-enter’ social networks by contributing to funerals, naming ceremonies and other social events ....”

### **3.4.2 Effects on risk-coping strategies**

Daidone *et al.* (2015:96) using data from the FAO’s PtoP research project report the effects of four CT programmes in sub Saharan Africa on risk-coping strategies. The authors found that cash transfers have enabled beneficiaries to better manage risks. In Kenya, Ghana and Lesotho qualitative field work suggests that CT programmes have increased social capital and enabled beneficiaries to re-enter existing social networks and/or to strengthen informal social protection systems and risk-sharing arrangements. In Lesotho the cash transfer programme reduced negative risk-coping strategies such as begging or withdrawing children from school (ibid., 97).

### 3.4.3 Effects on discrimination, trust and community participation

Hidrobo, Hoddinott, Margolies, Moreira and Peterman (2012:3) investigated the relative effects and cost-effectiveness of cash, food vouchers, and food transfers on household food security indicators, household expenditure and anemia. In addition, they examined gender effects of the programme, and the effects on **social capital** elements of **trust** of individuals and of institutions, **discrimination**, and **community participation** between Colombian refugees and the host Ecuadorian population. The study design combined the quantitative impact evaluation and a qualitative component. Sample clusters were randomly assigned to one of four arms: the cash transfer group, food voucher transfer group, the food transfer group, and the control or comparison group which received no transfers (ibid., 8). Baseline and follow-up surveys were conducted to evaluate the effects of the transfers. The study found that the pooled treatment (cash, food and voucher) increased participation in groups by six percentage points and decreased the probability of experiencing discrimination by six percentage points. Estimates for each treatment arm showed that “even though all three modalities decrease discrimination ... only the cash arm leads to a significant [effect].” These findings suggest that the programme successfully brought together individuals from different backgrounds – Colombian refugees and Ecuadorians (ibid., 50). The study also found that cash transfers significantly increases trust of institutions but led to a decrease of 11.7 percent in trust of individuals. A further analysis of the trust indicators showed cash decreases beneficiaries’ trust in neighbours to take care of one’s home, decreases trust in neighbours to send a letter. Despite cash transfers’ negative effect on trust in neighbours, cash transfers significantly increase trust in the police (ibid., 53).

In a study that investigated the social effects of poor targeting in Indonesia’s Bantuan Langsung Tunai (BLT) cash transfer programme, Cameron and Shah (2013:407) found that feelings of mistrust in the community affects the ability of households and community members to work together for the common good because cash transfers made way to many ineligible households. Individuals’ participation in community groups is negatively

affected by the extent of errors of inclusion of BLT cash transfers (ibid., 409). The study also found an important gender dimension to the empirical result on individuals' participation in community groups. Women's participation is more responsive to the poor targeting than men's participation which is unaffected by errors of inclusion (ibid.). This finding is consistent with research in social sciences and economic literature which points to significant differences in behaviour between men and women. Women are more "socially-oriented (selfless)", generous, fair and care about the welfare of others in the household and community (Eckel & Grossman 1998:726). The rationale behind some cash transfer programmes selecting women as primary recipients of the transfers is primarily informed by that basis: cash transfers spent by women tend to be directed at goods and services that are more likely to positively affect the well-being of household members including children. It is therefore expected that women may be "more responsive to the misallocation of resources" through poor targeting as established in the study by Cameron and Shah (2013:409).

#### **3.4.4 Effects on gender-based violence**

Hidrobo *et al.* (2012:73) used questions from the World Health Organisation's (WHO) Violence Against Women Instrument to investigate intimate partner violence in the study's sample population. They examined aspects of controlling behaviours, emotional abuse, physical violence, and sexual violence. Combining cash, food and voucher transfers and estimating the impact of the pooled treatment on intimate partner violence revealed a significant decrease in controlling behaviours (by 8 percentage points), physical/sexual violence (by 7 percentage points), and any violence (by 7 percentage points) (ibid., 75). Of the three transfer arms, food and cash significantly decrease controlling behaviours, and cash significantly decreases any violence (ibid., 76).

#### **3.4.5 Psycho-social effects**

Vincent and Cull (as cited in Garcia & Moore 2012:168) examined evidence from evaluations of 20 cash transfer interventions in Southern Africa. They



found that “[i]n general, qualitative evidence from these reviews suggests that CTs increase the **social status and self-esteem** of beneficiaries, thereby increasing their independence and respect within the community.”

A study carried out by AIR (2014a) using a mixed methods design and incorporating the Satisfaction With Life Scale (SWLS) to assess the effects of Zimbabwe’s HSCT programme found that cash transfers have positive effects on beneficiaries’ life satisfaction. The SWLS is designed to assess respondents’ overall judgement of their life using five statements or items:

1. In most ways my life is close to my ideal.
2. The conditions of my life are excellent.
3. I am satisfied with my life.
4. So far I have gotten the important the important things I want in life.
5. If I could live my life over, I would change almost nothing.

The responses coded against a five or seven-point scale: strongly agree; disagree; slightly disagree; neither agree nor disagree; slightly agree; agree; and strongly agree (Diener *et al.* 1985:72).

According to AIR (2014a:31) Zimbabwe’s HSCT raised the SWLC scores by 1.13 points, representing a 12 percent increase over baseline score. The score ranges from 5 to 25 and higher scores mean greater life satisfaction. The study found that the subjective wellbeing scores were in the same direction for small and large households and across the gender dimension.

The FAO (2015) explored the effects of cash transfer programmes on household economy, local economy and social networks in six country case studies: Ethiopia – Social Cash Transfer Pilot Programme (SCTPP), Ghana – Livelihoods Empowerment Against Poverty (LEAP), Kenya – Cash Transfer to Orphans and Vulnerable Children (CT-OVC), Lesotho – Child Grant Programme (CGP), Malawi – Social Cash Transfer (SCT), Zambia and Zimbabwe - Harmonised Social Cash Transfer Programme (HSCT). The studies used data from qualitative research, econometric analyses of quantitative evaluation data, and general equilibrium models. The study found behavioural change within cash transfer recipients triggered social effects

within the community. In addition to purchasing food, cash transfer recipients also purchased other household goods that enhance well-being. Across the case study countries in the FAO study, the targeted households used part of the CT funds “to purchase non-survival consumption items which had positive [effects] on their well-being” (ibid., 23). For example, in Ghana and Ethiopia, adult beneficiaries purchased clothes and personal hygiene items which helped them to “re-establish social ties and renew confidence” thereby strengthening on one hand an aspect of the structural or relational social capital (social ties), and on the other hand an aspect of the cognitive dimension of social capital (confidence). According to the findings, these well-being improvements allowed beneficiaries to re-enter communities’ social life such as attending church and traditional festivities – as they did not stand out as obviously poor. The report highlights that one beneficiary explained in Abid Adi in Ethiopia: “When we were dirty, other community members would ignore us; they did not greet us, but now they do” (ibid., 23).

#### **3.4.6 Effects on happiness**

Research evidence from Ghana’s LEAP indicates that cash transfers have an effect on happiness. Daidone *et al.* (2015:14) found that Difference in Difference (DiD) estimates on self-reported happiness showed an increase of 16 percentage points in the likelihood of feeling happy with one’s life among LEAP beneficiary households relative to a control group made up of future LEAP households. The study found effects of the programme on happiness for smaller households and female-headed households. This was primarily driven by the programme’s positive and strong effects on beneficiaries’ self-esteem and hope. According to FAO (2013:40) LEAP beneficiaries reported “how the [programme] had increased their sense of self-worth and self-respect due to being better clothed, fed and able to mingle”, and how this contributed to an increase in their overall happiness.

As CTs are a relatively new area of social protection programming primarily in Sub Saharan Africa, the evidence on effectiveness of **communication** strategies in CT programmes is currently limited. However, a qualitative and research analyses of the economic effects of CT programmes in Sub Saharan

Africa conducted by FAO (2015:49) found that “communication strategies in all [evaluated programmes] generally operated below expectation; however, where they operated adequately, they could promote improved well-being among beneficiaries.” In Lesotho’s Child Grant Programme, lack of communication negatively affected the programme for example, in some cases beneficiaries did not have warning or notice that payments will be delayed resulting in households incurring debts or defaults in repayments. In Ethiopia the research study revealed information asymmetries within beneficiary communities – information about the CT programme was provided only during payment days at some pay-points and only for a limited time in the day (one hour in the early morning) (ibid.). The research findings from the FAO study have important implications for the role that cash transfers can have on different dimensions of social capital within communities. The study suggests that communication is an important feature of a CT programme and lack of communication or weak communication strategies can create disharmony between beneficiaries and non-beneficiaries thus undermining bridging forms of social capital. In addition, poor communication can weaken interpersonal trust and undermine informal networks as can be inferred from the case of Ethiopia where beneficiaries failed to pay debts on time due to shifts in pay debts.

#### **3.4.7 Effects on community social relations**

The study by Adato (2000) has striking findings on the effects of Mexico’s PROGRESA on community social relations – an important form of social capital. Adato used qualitative research methods to assess the effects of PROGRESA’s beneficiary targeting method and system on community social dynamics and social relationships (ibid., 7). The study found that PROGRESA had mixed social effects: the household targeting system had adverse effects on community collective action, created social cleavages between beneficiaries and non-beneficiaries, created few conflicts, and social tensions. However, the study reports some positive social effects on sharing benefits and information, and strengthening social relationships among women benefiting from the programme.

Non-beneficiaries living in areas receiving cash transfers from PROGRESA reported their resentment, envy and frustration created by being “wrongly excluded” from the programme and lack of adequate information and understanding of the selection criteria (ibid., 18). Non-beneficiaries perceived that they shared a common identity (all poor) with beneficiaries of the programme. There were also indications of beneficiaries’ discomfort with the social differentiation created by the programme. Some beneficiaries felt their poverty circumstances were no different from non-beneficiaries. Consequently, the community perception of the targeting system was negative as it was felt it had not been done accurately and had left out some deserving households. Social divisions took the form of non-beneficiaries refusing to cooperate and participate in rural community activities particularly communal activities “where people come together to perform volunteer labour for the benefit of the community” because they were not part of PROGRESA (ibid., 22).

Adato (2000:16) found that although it was not clear how common this phenomenon was, some beneficiaries shared programme benefits and information with non-beneficiaries. The information shared was mainly from beneficiaries’ participation in health groups. A similar finding on sharing of programme benefits is reported by AIR (2014a:33). The study reports that Zimbabwe’s HSCT programme has stimulated the purchase of agricultural assets in the form of livestock such as goats, donkeys, mules; and small farming implements such as yokes, sickles and axes. The qualitative data from the study “indicated that beneficiaries share agricultural assets with non-beneficiaries” (ibid.).

The study by Adato (2000:16) shows evidence of new social relationships among women beneficiaries in the PROGRESA CCT programme. Monthly meetings, health groups, cash collection points, and communal activities where people volunteered labour for community programmes created useful opportunities for new social networks where women gathered together and spoke about other issues, shared problems and solutions. The study suggests

that the new social networks for beneficiary women appear to be “new forms of social capital among them” (ibid., 30).

#### **3.4.8 Effects on civic participation and membership of associations**

Attanasio, Pellerano and Reyes (2009) combine survey and experimental methods to examine the effects of Familias en Acción, Colombia’s flagship conditional cash transfer programme, on social capital. Using a public goods experimental game played by individuals from poor households in two neighbourhoods in Cartagena, Colombia, the authors investigate CCT effects on “individual and group behaviour and their ability to obtain better social and economic outcomes” (Attanasio *et al.* 2009:143). Households in one of the neighbourhoods received conditional cash transfers for over two years (treatment group), while in the other neighbourhood the programme had not yet started (control group). The game is a version of the Voluntary Contribution Mechanism often used to examine dimensions of social capital: trust and cooperative behaviour. The game is designed in such a way that individuals face a social dilemma: “whether to invest a token in a private account with private benefits or to invest the token in a group account (public good) where the benefits for all members increase with the number of contributors” (ibid.). The total return on investment in the group is higher than the return on private investment. However there is no incentive to invest in the group scheme due to the higher individual payoff that can be obtained from investing in a private account. Consequently, individuals face a strong private motivation to avoid investing in the public good which undermines the social optimum. The outcome of the experimental game depends on the ability of individuals to trust each other and act as a group (ibid.). The study’s measure of social capital is behaviour in a public goods game defined as percentage of individuals who resist the temptation to invest in a private account for personal gain, and who opt to trust others and act as a group to maximise group social outcomes (ibid.). The dominant strategy is often not to contribute or cooperate at all (ibid., 144).

Results from the study indicate effects of the CCT programme on social capital. The measure of social capital, that is, percentage of participants

contributing towards the public project, is higher at 33 percent in El Pozón, the neighbourhood that received CCTs for over two years, and low at 6.6 percent in Ciénaga, the neighbourhood with potential beneficiaries (ibid., 153). The post-game survey examined the programme's effects on other dimensions of social capital namely civic participation and membership of social groups and organisations. The descriptive evidence shows that "[w]hile the differences between membership of associations in El Pozón and Ciénaga are not always significant, participation in religious, voluntary, environmental management and, to a lesser degree, state-sponsored associations is higher in the former than in the latter" (ibid., 167). Representatives from Ciénaga neighbourhood who played the public goods game were more involved in the most institutionalised spaces for civic participation in Colombia, that is, neighbourhood committees, and school parents' associations compared to players in El Pozón who showed intense civic participation in new non-traditional associations. The results suggest that the CCT programme may have influenced the formation of new associations and networks (ibid.). Results further reveal that the quality of player's membership is more intense in the treatment neighbourhood than in the control group. Players in El Pozón are likely to spend more time in their membership organisations in terms of attendance at meetings and time spent in the meetings. The same players were more likely to take up roles of responsibility within the associations and organisations and to contribute money or voluntary work (ibid.).

#### **3.4.9 Effects on electoral participation**

Attanasio *et al.* (2009:167-168) analysed another proxy measure of social capital widely used in the literature – electoral participation – and found that electoral participation was significantly higher in El Pozón than in Ciénaga. Presidential elections recorded the highest difference, "where 35 percentage points more [CCT] beneficiaries voted than non-beneficiaries." The authors suggest that this points to the political value of the programme (ibid., 168). On the social capital dimension of trust, players in the treated group showed higher scores on the trust index which takes the value 2, 1 or 0 respectively if the player claims to trust the majority, a few or none of her neighbours (ibid.).

The findings from this study are significant as the evidence shows that in the specific study context the CCT seem to have had a strong effect on a range of social capital measures. The social capital measures discussed here are relevant for the present study.

#### **3.4.10 Distilling the evidence of the social effects of cash transfers**

The evidence described above comes from a variety of studies in different contexts, CT programmes and regions. It shed light on some of the ways cash transfers can affect various dimensions and proxy measures of social capital. The evidence suggests both positive and negative effects of cash transfers on social capital – diversity of effects. The diversity of social effects is informed by the differences in CTs' design and implementation features, institutional settings of programmes, social and cultural factors and political dynamics.

On the positive side, cash transfers strengthened bridging social capital by enabling recipients to re-enter social networks within their communities. In this way cash transfers reduced the social distance between beneficiaries and other community members. In this regard cash transfers facilitate social inclusion of previously isolated poor people within communities. Similarly, cash transfers strengthened linking social capital by providing opportunities for beneficiaries to meet with programme officials as well as people from local institutions. Cash transfers also generate positive psycho-social outcomes through effects on the status, happiness, confidence, dignity and self-esteem of beneficiaries.

Drawing on Mkandawire's notion of transformative social policy, it can be argued that cash transfers have a transformative social effect on beneficiaries and generate a sense of citizenship among recipients (Mkandawire 2004). This arguably comes through the effects of CTs on social relations and the psycho-social dimensions of social capital described above. The social inclusion of beneficiaries into community social institutions and membership groups would not be feasible without the transformative elements of social cash transfers – particularly in relation to transforming social relations and local institutions.

Evidence in the CT literature also points to adverse effects of cash transfers on social capital especially in terms of generating social divisions, jealousy, tensions, conflicts and weakening the will and capacity for community collective action (Adato 2000). The extent to which such effects are triggered is strongly linked to cash transfer design and implementation features particularly the choice and effectiveness of targeting methods.

The evidence discussed in this section shows that the effects of CTs on the structural dimensions of social capital (social relations and social networks), and cognitive dimensions of social capital (psychological) are interlinked. For example, the re-entry of previously excluded people into social networks is associated with increased trust, self-confidence, dignity and sense of worth induced in beneficiaries through the cash transfer. There is strong evidence in the social capital literature, which shows an intrinsic connection or relationship between structural and cognitive dimensions of social capital. This will be discussed in detail the next section.

### **3.5 Unintended effects of cash transfers**

There is an extensive body of published literature documenting strong evidence of the positive effects of cash transfers on the main targeted outcomes mainly human development and economic dimensions. As cash transfers can serve multiple objectives, it means their effects can be found everywhere with intended and unintended consequences. A review of the CT literature shows that this is mainly the case with unconditional cash transfers as recipients are not required to follow pre-specified course of action, that is, there are no specific behavioural requirements. This section of the literature review explores the unintended consequences of the introduction of cash transfers. Unintended consequences are also referred to as indirect effects in the CT literature. A review of the literature shows that the unintended or indirect effects of cash transfers have been discussed less extensively.

#### **3.5.1 Effects on crime**

Chioda, Mello, and Soares (2013:1) investigated the effects of Bolsa Familia on crime using school and crime data from the city of São Paulo. To the



authors' knowledge, their study was only the second available on the effect of conditional cash transfers on crime. Loureiro (2012) is considered to have done the first study which found "a strong effect of Bolsa Familia on poverty, but only mild and non-robust effects on crime" (ibid.). Chioda *et al.* (2013:13) found that Bolsa Familia had a negative effect on crime in the school neighbourhood, that is, it resulted in reductions in crimes. The findings suggest that the income effect from the CCT is an important channel through which Bolsa Familia affects crime. Two other channels were thought to be important: changed peer groups and reorganisation of household routines - due to an indirect income effect. However the study suggests additional research is needed to provide robust evidence on the channels through which CCTs affect crime (ibid., 21).

Cameron and Shah (2013:381) examined the social effects of poor targeting in Indonesia's Bantuan Langsung Tunai (BLT) cash transfer programme. The authors test the hypothesis that poor targeting reduces levels of trust within the community and leads to an increase in antisocial behaviour and crime (ibid., 382). The study uses a smaller, supplementary data set with more information on social capital than in the national representative data and finds that inaccurate targeting which resulted in significant errors of inclusion adversely affects several important dimensions of social capital within the community. The research findings confirm the hypothesis and strongly suggest that poor targeting in the programme reduces the level of trust in the community and is associated with increased crime (ibid., 407). The greater the proportion of ineligible households that receives the BLT cash transfers, the higher the crimes reported in the village (ibid.).

### **3.5.2 Effects on adult labour**

With regards to adult labour, "conventional economic theory suggests that social grants may undermine labour force participation by reducing the real cost of not working" (Samson 2009:134). A study by Samson *et al.* (as cited in Samson 2009:134) found that in South Africa adult "workers in households receiving both pensions and child support grants looked for work significantly more extensively and intensively, and found employment more successfully.

Disaggregated analysis into urban and rural areas and by gender documented that these effects are particularly strong for rural women.” The study also found that unemployment rates fell over the same time period in households receiving social transfers – yet it rose in those that did not. These are unintended outcomes yet important and relevant for social policy in South Africa. The results suggest that South Africa’s social grants are associated with improved labour market activity. In addition and more fundamentally these findings contradict the economic theory hypothesis stated earlier.

Gumede (2016:179-180) offers a view of what the possible unintended consequences of South Africa’s social assistance programme could be. While noting that the social grants have considerably raised income levels of those in the lower socio-economic quintiles with about 16.6 million people receiving social grants during 2014/15 Gumede’s principal argument is that there should be more people in gainful employment than on social assistance in South Africa. This is the case with countries like Brazil and Latin America (ibid., 180). Gumede seems to be suggesting that social grants may create a dependency syndrome amongst poor and vulnerable South Africans. This in turn may overwhelm the cash transfer system and could lead to financial sustainability challenges.

Borraz and Gonzalez (as cited in Kabeer, Piza & Taylor 2012:18) investigated the effects of Uruguay’s IC conditional cash transfer programme on the labour market activities of household members aged 22-55 years. The results show that the CT programme had a significant negative effect on hours worked in urban areas outside Montevideo: women and men in households receiving the transfer worked on average 6.4 and 2.5 hours less a week, respectively. This amounted to a decrease of 17 percent in women’s labour supply and 5 percent in men’s. The study does not offer any explanation for this apparent disincentive to adult work effort. However, economic theory suggests that disincentive effects on adult labour supply could be partly due to the generous nature of cash transfer levels (Samson 2009:134).

### **3.5.3 Effects on remittances and private transfers**

Some studies investigated whether cash transfer programmes crowd out transfers from other sources such as remittances or private transfers. The FAO (2015:39) found that some CT beneficiaries in Lesotho and Zimbabwe reported reductions in remittances from their relatives working in South Africa once they started to receive cash transfers. Covarrubias et al. (as cited in FAO 2015:39) reported a 32 percent reduction in private transfers including remittances and cash/in-kind gifts in Malawi following the introduction of a CT programme.

Remittances are a major source of foreign currency for many countries in Central America. Albarran and Attanasio (as cited in Fiszbein and Schady 2009:120) used one round of ex post evaluation data and found that Mexico's Oportunidades programme "show[ed] some indication of crowding out ...."

Nuclear family and kin-based relations are central to the practice of remittances. Most remittances come from sons, daughters and family members working abroad or in urban centres in the case of domestic remittances to poor families in rural communities of Africa. Remittances constitute an important informal social protection instrument. Indeed, when some beneficiaries report a reduction in remittances received from their family and relatives once they started to receive cash transfers, this suggests a negative unintended consequence of cash transfers with adverse effects for bonding social capital between family members. In this regard the CT could be weakening kinship ties. Ideally, remittances should be able to flow into the cash transfer households thereby increasing the income levels of the poor.

However, an alternative view in the CT literature states that the decrease in remittances from abroad or elsewhere is not necessarily a bad thing. The reduction is seen as "demonstrating how the CT relieves stresses to the nuclear-family support system" (FAO 2015:39).

### **3.5.4 Effects on fertility and household composition**

Several authors Godblatt, Hochfeld, Plagerson, Holmqvist, and Richter (as cited in Palermo, Handa, Peterman, Prencipe, & Seidenfeld 2015:6) highlight a common unintended consequence and critical barrier to scaling up cash transfer programmes: that transfers targeted to households with young children could provide incentives for increased fertility which could result in households having more children. Policy makers fear that this could be the case in settings where poverty and fertility are high. Palermo *et al.* point to the theoretical notion that "... the mere perception that transfers are given to households with young children may be an incentive for current recipients to have additional children in an effort to maintain eligibility, or for non-beneficiaries to qualify for future payments." The empirical evidence to date ranges from modest to no programme effects on fertility. Stecklov *et al.* as cited in Fiszbein and Schady (2009:121) examined the fertility effects of three Latin American CCTs: Honduras, Nicaragua and Mexico. The study found that Honduras' PRAF programme appeared to increase the fertility rate among beneficiary households by between 2 to 4 percentage points. The authors suggest that this increase in fertility rates could be explained by the design features of the PRAF programme. The size of the cash transfer could be increased immediately by the birth of a child as the amount of transfers depended on the number of young children (*ibid.*). This unintended consequence means the design of the programme needs to be reviewed to address this challenge.

### **3.5.5 Effects on trust in institutions**

Trust in institutions and trust in programme officials involved in the implementation of CTs by beneficiaries and non-beneficiaries allows coordinated actions for effective and efficient implementation, and social accountability in CT programmes. It also allows for the meaningful and active involvement of community groups in CT programmes. Trust in institutions leads to efficient functioning of formal institutions by reducing transaction costs (for example less enforcement mechanisms for compliance with conditions of a cash transfer). The absence of institutional trust may hinder

the achievement of the goals of CT programmes because people may have no basis to cooperate with those administering the programme. People may think that decisions made by those in authority are not in the best interests of the poor for example, targeting decisions may result in significant exclusion errors thus defeating the goals of CT programmes.

Evidence from Peru's Juntos programme shows that the CCT has a negative and significant effect among non-eligible households on trust in the national ombudsman's office (Camcho 2014:12). The ombudsman's office is a state institution that is in charge of safeguarding citizens' rights (ibid., 15). The results suggest that the negative feelings towards the ombudsman's office are likely caused by non-eligible households' exclusion from the programme – a consequence of targeting. Some of the non-recipients filed complaints against the Juntos programme through the ombudsman's office (ibid., 12). Kumlin and Rothstein; and Rothstein and Stolle (as cited in Camacho 2014:12) argue that "targeting can lead citizens to have disappointing interactions with state institutions and to a corresponding decline in trust".

### **3.6 Social capital**

The literature on social capital is vast, highly dispersed and reflects the diversity of intellectual opinion on the subject. The concept has been popularised by economists, sociologists and political scientists. Most studies fall exclusively into one or the other of the two categories and several other works contain both theory and empirical studies, an indication that the concept seems to lend itself to methodological pluralism or a "combined treatment" (Krishna 2000:71).

This section outlines the historical development of the concept, discusses its many and varied definitions, and critically examines the main dimensions, types and concepts associated with social capital. The section also discusses the measurement of social capital, and the positive and adverse effects of social capital.

### **3.6.1 Historical development and conceptual origins of social capital**

The concept of social capital, its dimensions and its variations in different cultures and societies are not new as these have been part of the social sciences literature for a long time. The idea of social capital was discernible as early as the philosophical thoughts of Aristotle. An excerpt from Aristotle's book, *Nicomachean Ethics*, Book VIII, 9.61 cited in Durlauf and Fafchamps (2004:1) highlights some aspects of beneficial social capital, for example, that "in every community there seems to be some sort of justice and some type of friendship." Aristotle placed emphasis on the importance and benefits of friendships in communities. The concept of social capital also appears in the nineteenth century economic writing but with a very different meaning from how it is now commonly understood.

The earliest use of the concept of social capital that is closely related to the ways in which the concept is currently understood and used today dates back to nearly a century ago and can be found in Lyda J. Hanifan cited in Woolcock and Narayan (2000:228). According to Woolcock and Narayan (2000:228-229) Hanifan wrote on the importance of community participation in enhancing school performance. Hanifan explained the positive link between community participation and school performance through the notion of social capital.

Hanifan's emphasis was that, by "social capital," he meant the progressive way in which a community - its spirit and its joint activities - is built. He highlighted the important role that community gatherings play in communities, "first for general entertainment, and later for more constructive purposes." Hanifan's work showed an earlier theoretical insight by identifying social capital with social connections and sociability (Castiglione, van Deth & Wolleb 2008:2). A key point worth noting about Hanifan's use of the term, social capital, is that, his definition bears considerable resemblance to definitions that are current today thus reinforcing the sense of continuity between past and present thinking.

Although Hanifan's early insights on the concept of social capital were remarkable, the concept remained both underdeveloped, unexplored and

there was no consistency in its use for close to seventy years. In fact the idea of social capital disappeared for a few decades before reappearing in the 1950s and 1970s in works contributing to the literature on human capital and urban development. The most commonly cited works contributing to this re-invention of the idea of social capital are those of Seely *et al.* 1956; Jacobs 1961; Loury 1977 (*ibid.*). Some of the conceptual dimensions of social capital began emerging in Granovetter's seminal studies on social networks in 1973 and 1985 (*ibid.*). The literature on the conceptual origins of social capital points to the concept acquiring its distinctiveness in studies in the fields of education, human capital, neighbourhood and networks. An economist, (Loury 1977) is credited for introducing the concept of social capital in to modern social science research (Durlauf & Fafchamps 2004:3).

### **3.6.2 Defining social capital**

A key observation in the contemporary literature on social capital is that there is no consensus on a single and concrete definition of the concept of social capital. The concept is defined in several ways and authors disagree on the meaning and interpretations of it. The definition remains nebulous despite the significant amount of research on social capital. A major reason for the lack of a common definition cited in the literature on social capital is the fact that social capital is a multi-dimensional concept applicable across different fields. For example, the concept has been applied in studies in fields of political science, economics, sociology, health and education. There is no field has managed to create and impose a definition of the concept that captures the interests of different researchers from different disciplines.

Some authors have identified social capital with features of social organisations as trust. Other scholars think of it in normative terms while others view it as social networks, associations, institutions and there are authors who think of social capital as a combination of all dimensions. It is therefore profound and apparent in literature that the concept has not been nailed down sufficiently with the consequence being that social capital means different things to different people.

### **Box 3.1: Definitions of social capital by influential authors on the subject**

Robert Putnam (1993:167): “Features of social organisation, such as trust, norms and networks that can improve the efficiency of society by facilitating coordinated actions.”

Robert Putnam (2000:19): “Whereas physical capital refers to physical objects and human capital refers to the properties of individuals, social capital refers to connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them. In that sense social capital is closely related to what some have called “civic virtue.” The difference is that “social capital” calls attention to the fact that civic virtue is most powerful when embedded in a sense network of reciprocal social relations. A society of many virtuous but isolated individuals is not necessarily rich in social capital.”

James S. Coleman (1990:S98): “Social capital is defined by its function. It is not a single entity, but a variety of different entities having two elements in common: that all consist of some element of social structure, and they facilitate certain actions of individuals – whether persons or corporate actors – who are within the structure.”

Grootaert and van Bastelaer (2001:4): “Institutions, relationships, attitudes and values that govern interactions among people and contribute to economic and social development.”

Lin (2001:24-25): “... social capital may be defined operationally as resources embedded in social networks and accessed and used by actors for actions. Thus, the concept has two important components: (1) it represents resources embedded in social relations rather than individuals, and (2) access and use of such resources reside in actors.”

Woolcock (1998:153): “the information, trust, and norms of reciprocity inhering in one’s social networks.”

Burt (1992:9): “friends, colleagues, and more general contacts through whom you receive opportunities to use your financial and human capital.”

There are six main underlying issues and ideas that can be distilled from the eight definitions of social capital stated above:



1. Social capital incorporates diverse phenomena, that is, there are different types, or at least different dimensions of social capital. They include (a) structural elements of social capital which refer to the extent and intensity of associational links and activities embedded in organisations, associations, groups and networks; (b) cognitive elements in the form of attitudes, norms, shared values, reciprocity, generalised or personal trust.
2. Social capital may be understood as an individual, household or community asset. It is an individual benefit through social connections or a collective resource that benefits communities or societies.
3. Social capital may consist of horizontal, vertical and linking relationships, or links of bonding and bridging social capital. Narayan (1999), Putman (2000), and Szreter and Woolcock (2004) cited in Poortinga (2006:256) distinguished between bonding, bridging and linking social capital. These types of social capital are discussed in detail later in this chapter.
4. The common thread running across most of the definitions is that like other forms of capital, social capital is largely considered productive and beneficial making possible the attainment of certain goals that in its absence would not be possible. It helps improve the effectiveness of development projects. By most definitions, social capital is always desirable because of its association with beneficial consequences. A detailed discussion of the benefits of social capital is provided later in this chapter.
5. It seems that the study of social capital is fundamentally about social network-based processes, social relations, institutions, trust, norms, values, mutually beneficial collective action and cooperation – all deemed as generating beneficial outcomes. Woolcock (2002:24) makes a fundamental distinction between the sources of social and human capital. He asserts that “in essence, where human capital resides in the individual, social capital resides in social relationships.”
6. The diversity of the definitions of social capital point to the context-specific nature of the concept. It largely depends on the field in which one is writing, conceptualising and operationalising the notion of social capital. It is evident in literature that definitions are informed by the background and

frameworks of influence for example political science, education, health, economics and sociology.

### **3.6.3 Measuring social capital**

Despite the huge amount of research on social capital, the concept's definition, conceptualisation and operationalisation remain nebulous or at worst muddled up. Virtually every researcher, scholar, writer and practitioner in the field of social capital begins with acknowledging the challenges arising from the multidimensionality of the concept, multiple definitions and conceptual ambiguity of social capital. Durlauf and Fafchamps, (2006) cited in Sabatini (2009:431) noted that in addition to conceptual vagueness, the coexistence of multiple definitions, "the chronic lack of suitable data" is also "an impediment to both theoretical and empirical research of phenomena in which social capital may play a role". At the operational level the concept of social capital still lacks a common or universal understanding of measures, outcomes, indicators or dimensions. Schuller, Baron and Field (2000:26) observe that with a lack of consensus about its meaning, and its multidimensional nature, a direct consequence of this is the heterogeneity of measures used. Durlauf (2002:22) is less sympathetic in his views about the difficulties associated with the study of social capital: "The empirical social capital literature seems to be particularly plagued by vague definition of concepts, poorly measured data, absence of appropriate exchangeability conditions, and lack of information necessary to make identification claims plausible".

There is consensus amongst scholars, researchers and practitioners in the social capital literature that it is fundamentally impossible to provide a universal method of measurement or a single indicator for social capital, which can be used in empirical research or as operationalisation of social capital. Krishna (2008:445) argues that "social capital is a quality that exists inside people's heads and it can never be observed and measured directly". Collier (2002) supported this view by identifying that social capital is difficult to operationalise and impossible to measure directly. For these reasons, most empirical studies measure social capital through proxy or indirect indicators,

leaving the choice of proxy a matter of judgement and frequent contention. Some researchers have used proxy indicators such as hours spent volunteering; proportion of the population who read newspapers; associational membership; tolerance of diversity; voting trends; feelings of trust and safety and charitable involvement, to assess the level of social capital within a group or society. Different proxy measures are likely suitable within different community settings or contexts. Some studies influenced by Putman's work, use density of membership in voluntary organisations as a proxy for measuring social capital. The argument by Putman *et al.* (1993) cited in Sabatini (2009:432) is that in contexts with "stronger, dense, horizontal and more cross-cutting networks, there is a spill over from membership in organisations to the cooperative values and norms that citizens develop". This view is contested in literature. The value of social capital measures simply based on density of voluntary organisations is doubted because "the possibility exists that people self-select into association groups, depending on their original levels of generalised trust and reciprocity and that the group experience [and resources] may be more pronounced in their impact when members are diverse and from different backgrounds" Sabatini (2009:432).

Krishna (2008:446) supports the criticism levelled against the usefulness of social capital measures simply based on the density of membership in voluntary associations by stating that, "it is not simply the fact of membership in any number of associations that induces a propensity for mutually beneficial collective action...a person might trust her neighbours implicitly and she might engage with them in collective efforts to clean and improve the neighbourhood – without the help of any formally registered association of neighbours". Density of membership in formal associations has been used as a proxy measure of social capital primarily in the West. This is because formal associations are prevalent in huge numbers in the West. Their existence is quite muted in developing countries. Krishna (2008:445) observes that "proxy measures of social capital that are relevant for one set of cultures can be quite irrelevant for others".

A number of authors in the social capital literature have relied on broad sets of proxy indicators some of which do not represent the social capital's key structural and cognitive dimensions identified in the theoretical literature - commonly social networks, trust, norms and values. For example, Putman cited in van Deth (2008:153) used indirect indicators such as voting turnout, blood donations, and churchgoers. Other examples of proxy indicators which are frequently used in empirical research include crime rates, teenage pregnancy and participation rates in tertiary education (Sabatini 2009:432). The message coming out of the use of these types of proxy indicators is that anything that facilitates cooperation or mutually beneficial collective action can be conceptualised as social capital. According to Fine (2001) cited in Sabatini (2009:432), referring to the indirect indicators, "their use has led to considerable confusion about what social capital is, as distinct from its outcomes, and what the relationship between social capital and its outcomes may be". Krishna (2008:445) makes a similar argument that, "a considerable misunderstanding results, however, if [a] proxy measure is equated with the concept itself". Grootaert (2002:43) presents a view that is consistent with arguments from other authors: "Indeed, one must be careful not to equate the measurement variables with the underlying social capital. Not every association or collective action reflects the presence of social capital; take for example, associations or collective actions that are the result of government force."

Many empirical studies in literature have measured trust using the 'standard' survey question, which probes the extent to which most people in a given community, nation or region trust each other: "Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?" The responses are coded as: (1) Most people can be trusted; (2) Can't be too careful; and (3) Don't know. The question has a long history. It has been asked in surveys for more than four decades, most notably in the World Values Survey, and in the General Social Survey and American National Election Studies in the United States, where they have the longest time series on trust (Uslaner 2008:105).

### **3.6.4 Positive effects of social capital**

There is abundance of empirical evidence in the literature on social capital that the existence and presence of social capital has many benefits for individuals, communities and nations. The presence of social capital is noted as key to economic development, efficiency of social exchange, social learning, information sharing, and population health outcomes. Research findings further indicate that investments in local social capital should be part of poverty alleviation programmes since returns to investments in social capital are larger for the poor and marginalised populations than for others (Grootaert 1999:65). The concept of social capital is increasingly becoming attractive to development practitioners, and policy makers and government agencies because of the available evidence that social capital is in many cases associated with efficiency and probability of success for development initiatives. Evidence in literature suggests points to “observed associations between desirable development outcomes and the existence of social roles and networks of certain kinds of values and norms (Uphoff 2000:231).

Putnam (2000:20) highlights some positive factors associated with social capital:

1. It allows citizens or community members to resolve collective problems more easily. People often may be better off if they cooperate with each doing their share.
2. Social capital greases the wheels that allow communities to advance smoothly. Where people are trusting and trustworthy and where they are subject to repeated interactions with fellow citizens, every day business and social transactions are less costly.
3. Social capital improves society by widening people’s awareness of the many ways in which our fates are linked. Joiners become more tolerant, less cynical and more empathetic to the misfortunes of others. When people lack connections to others, they are unable to test the veracity of their own views, whether in the give or take of casual conversation or in more formal deliberation.

4. The networks that constitute social capital also serve as conduits for the flow of helpful information that facilitates achieving of our goals.

Engagement and participation in voluntary associations has the potential of building and strengthening social capital. According to Putnam (2002) quoted in Paffenholz (2010:72), it is crucial that not only 'bonding ties' within specific groups of society are built, but mainly 'bridging ties' across different and adversary groups. The objective is that these groups learn to live together in peaceful coexistence.

The findings of a World Vision research project (O'Reilly 1998) confirm the importance of bridging social capital. Exploring the community peace building effects of Area Development Programmes (ADPs) in different countries, the research identified how the ADPs increased levels of contact, interaction and communication across geographic, religious, ethnic, cultural and class divides, and how this in turn led to improved cooperation, unity and interdependence between different groups.

### **3.6.5 Adverse effects of social capital**

Social capital can have negative consequences. Ostrom (2000:176) supports this view and states that, "there is a dark side to social capital as well as to physical and human capital." Woolcock (2002:23) makes a similar observation and notes that, "... social capital has costs as well as benefits, that social ties can be a liability as well an asset". The same forms and characteristics of social capital that facilitate beneficial and productive outcomes such as trust, cooperation and collective action can also lead to the development of perverse social capital. Although it is widely acknowledged in the literature that social capital can produce negative externalities, most research studies have tended to give more attention to the positive effects. American sociologist, Alejandro Portes (1998) cited in Pantoja (2000:125) identified four potential negative effects of social capital: exclusion of outsiders, excess claims on group members, restrictions on individual freedom, and downward levelling of norms. Other negative externalities commonly identified in the

social capital literature include: conformism, political corruption, gangs, crimes, religious intolerance, ethnocentrism and racism.

One persistent finding in social network research which according to Kadushin (2012:172) is “often ignored in the excitement about the utility of social networks and networking” is the exclusionary and unfair nature of social networks. People tend to associate with others similar to themselves as in bonding social capital and the homophily principle. For people with lower prestige, lower socio-economic status, or are the target of discrimination, then their networks will tend to be composed of people with similar characteristics. It primarily follows that the social capital network resources available to the poor in a community will be less potent than the beneficial resources that are available in a network of wealthy people. Cross and Lin (2008) cited in Kadushin (2012:172-173) found in their United States data that “racial or ethnic homophily led to a deficit in social capital among the disadvantaged that limited their opportunities and chances for upward mobility and integration into the wider U.S. community”.

There are many other examples of empirical studies that illustrate the ‘bad’ consequences of social capital. Warren (2008:130-132) uses cases from three countries, Colombia, Italy and the United States of America to illustrate how social capital appears to support ‘systems of negative externalities’ in the areas of organised crime, political corruption, and political inequality respectively. In the coffee-growing region of Antioquia, Colombia, an analysis of social networks the problem of organised crime is built, in part, on social capital. Some of the cultural characteristics that facilitated the creation of social capital forms such as trust were also responsible for negative externalities such as the formation of the Medellin cartel. Illegal ‘exports of cocaine from Medellin were based on trust relationships among shipping partners’. Other negative effects of accumulated social capital in Antioquia included ‘localised capacity for quasi-political violence, which in turn undermined attempted democratic reforms in the early 1990s’.

In the case of Italy, the study of ‘a system of negative externalities’ rooted in political corruption, was done by Della Porta and Vannucci cited in Warren

(2008:130-132). The analysis brings to the fore the close relationship between networks, associations and corruption. In this example, 'political parties functioned as social networks, linking businesses to government offices in exchange for political contributions. The parties also functioned as guarantors of corrupt exchanges, so that the system of corruption did not have to depend upon personal relationships alone'. The incentives to participate in the corruption networks were structural, with the observation that businessman, politicians and government officials considered corruption as not 'right' but as inevitable and beyond the capacity of any individual to change.

Warren (2008:131) underscores a fundamental point that shows the relationship between the cognitive and structural elements of social capital and the negative externality of corruption. He observes that "since the rules and norms of this kind [political corruption] could not be enforced by law, corrupt exchanges were dependent upon trust and reciprocity among participants. These relationships were themselves developed and maintained through associations". The net effects of the negative externalities of accumulated social capital were 'expensive public projects, substandard public performance and accountability ...' and were borne by the ordinary people in Italy.

A common observation in the development literature is that women are historically disadvantaged and based mainly on strong tie evidence, have less social capital. Pantoja (2000:123) describes how mining operations limited the economic and income opportunities for women in the study areas, 'and correspondingly increased their level of dependency and vulnerability within the household and the community'. Women had been active agricultural workers and earned income from collecting forest produce before the mines opened. With access restrictions to forests, a significant decrease in agricultural work for women, and limited employment opportunities for women in mining economy in the study areas due to cultural considerations, the female employment rate went down significantly. The study also found that while social capital resources may be abundant in the two study areas, particularly social trust, the resources largely corresponded to bonding social



capital, which is not always supportive of a community's social cohesion. Bonding social capital often comes at a cost to building bridges and vertical linkages.

[The] exclusionary mechanisms in the study areas discourage the formation of bridging social capital and simultaneously promote the emergence of closed groups. Significantly the closed nature of these groups tends to exercise excessive claims on some of their members, notably women and disenfranchised social groups. Ethnic and caste divisions constitute an important factor affecting social interaction in the study areas, which has hindered the emergence of generalised trust and increased the transaction costs of social and economic exchanges.

To summarise, social capital should not be assumed to always generate positive externalities. There are certain circumstances where some forms of social capital may have detrimental effects. Burt (1997) cited in Pantoja (2000:136) asserts that, "social capital may have a different meaning and use value for individuals and groups, depending on their specific social, economic, cultural and political context." Studies should endeavour to identify the positive and negative externalities of social capital for particular stakeholders taking into account contextual conditions.

### **3.6.6 Dimensions of social capital**

Many concepts have a number of different dimensions and sub dimensions, and social capital is no exception. A recurring and consistent message in the literature on social capital is that the concept is multidimensional and that it could possibly include nearly every aspect of the social environment. The most comprehensive definitions of, and the main approaches to social capital are multidimensional, incorporating different levels and units of analysis.

Reading the contemporary literature on social capital, it is immediately apparent that there is increasing consensus that social capital has at least two core dimensions, which are: (1) structure of social relations – social networks and (2) cognitive social capital – norms. The two dimensions have various sub

dimensions. Comparing the structural and the cognitive aspects of social capital, Poortinga (2006:255) posits that “the structural component comprises the more ‘objective’ organisational structures that form social capital in a social group, while the cognitive component refers to the more subjective perceptions of the available social capital.” Structural and cognitive forms of social capital work alongside each other in that structures help in translating norms, values and beliefs into well-coordinated and objective-focused behaviours.

#### **3.6.6.1 Structural dimension of social capital**

The structural dimension of social capital is identified with a social structure consisting of resources embedded in that structure and a network of relationships, that is, who interacts with whom, how frequently and on what terms. The social structure reflects the connectedness of social units (positions) that possess differential amounts of one or more types of valued resources; and that are hierarchically related relative to authority (control of and access to resources); and share certain rules and procedures in the use of the resources; and are entrusted to occupants (agents) who act on these rules and procedures (Nan Lin 2001:33). The structure of a network imposes a burden on the flow of resources through that network. Individuals occupying key and strategic positions in the network can be said to have more social capital than their peers, mainly precisely because their network position gives them heightened access to more and better resources (Burt 2000).

Social networks are a key component of the structural dimension of social capital. A comprehensive discussion and analysis of social networks is provided in a separate section.

#### **3.6.6.2 Cognitive dimensions of social capital**

The cognitive dimension of social capital derives from mental processes and it is about people’s mindsets and consists of trust, norms, values, beliefs and attitudes. Cognitive forms are invisible and intangible because they are interior, within the mind, though when they are spoken of they become somewhat external (Uphoff 2000:219). The ideas that result from cognitive

processes are reinforced by culture and ideology, specifically norms, values, attitudes and beliefs that contribute to cooperative behaviour and mutually beneficial collective action, which are the stream of benefits that result from social capital.

This section discusses the key concepts of the cognitive dimension of social capital: trust, norms, and reciprocity.

**Trust** is the most studied dimension of cognitive social capital and its role is at the centre of most discussions on social capital in the literature. Trust itself is not a form of social capital but it is the key link between forms of social capital and outcomes Ahn and Ostrom (2008:80). Fafchamps (2006:1183) defined trust as "an optimistic expectation or belief regarding other agents' behaviour." Lelieveldt (2008:330) states that trust "refers to personal and social trust and tells us something about an individual's outlook on fellow citizens, which may have important implications for one's own behaviour." Trust lets people have greater confidence in other people's promises that they mean what they say when they promise to cooperate. The primary sources of trust are a subject of debate in trust literature. Platteau cited in Fafchamps (2006:1183) considers the origins of trust as varied, sometimes as arising from repeated interpersonal interactions, general knowledge about the population of agents, the incentives they face and the upbringing they have received. This is consistent with Uslaner's view (2008:101) that "trust depends on information and experience." Single encounters do not suffice to develop trust.

The trust literature discusses several varieties of trust. First is the notion of personalised trust which considers trust as a result of repeated interpersonal interactions. Uslaner (2008:108) regards this type trust as "particularised trust." It is based on experience and has roots in interactions with people one knows or people like oneself. Personalised trust asserts that trust is relational, takes time and effort to establish, and it continues to develop in the course of interactions. A particularised or personalised truster is more risk conscious. They are suspicious of strangers and limit trust to those they know. Personalised trusters are good builders of bonding social capital. The downside of particularised or personalised trust is that it can generate

negative externalities such as racism, ethnocentrism and religious intolerance, and it is why bonding often comes at a cost to bridges, as observed by Simmel (1964) cited in Warren (2008:136).

The second is the notion of generalised trust, which refers to "faith in both your own kind and people who are different from you." It is based on the view that most people can be trusted. Unlike personalised trust, which takes time and effort to establish, generalised trust is instantaneous and it helps connect people to people who are different from themselves. A generalised truster is tolerant of immigrants and minorities and supports equal rights for women Uslaner (2008:116). The trust of strangers promotes selfless values such as mobilising and donating material and monetary resources to charity, in this case helping people who are likely different from the volunteers. According to Kadushin (2012:179), generalised trust is often measured with the survey question, "Generally speaking, would you say that most people can be trusted or that you can't be too careful in life?" The question has been asked in surveys, for more than four decades particularly in the World Values Survey.

Trust is important in many respects. It reinforces fundamental world views and lubricates cooperation. Trust acquires an important role in the efficacy of resource allocation mechanisms when it is placed within agency relationships, that is, when it is relational. Trust is important because its presence or absence can have a bearing on what people choose to do, and in many cases what people can do Dasgupta (2000:330). La Porta *et al.* (1998) cited in Uslaner (2008:116) affirm that "trusting societies have more effective governments, higher growth rates, less corruption and crime, and are more likely to redistribute resources from the rich to the poor." When individuals in communities trust each other and the institutions that operate among them, they can easier reach collective decisions, agreements, conduct transactions and implement collective action. Influence and control can be considered as legitimate when people accept directives because the authors of the directives are worthy of being obeyed. Trust is a foundation of such authority and is an attribute of social capital that allows for various social actions to take place Kadushin (2012:176). Several studies, for example, Gambetta (1988),

Coleman (1990) and Fukuyama (1995) cited in La Porta *et al.* (2000:310) argue that trust determines the performance of a society's institutions. The studies view trust "as a propensity of people in a society to cooperate to produce socially efficient outcomes and to avoid inefficient non-cooperative traps such as that in the prisoner's dilemma." La Porta *et al.* (2000:311) asserts that trust is most needed to support cooperation in large organisations, where members interact with each other only infrequently because they are only rarely involved in joint production. For example, finance and administrative interactions between staff members of different departments in a college or university. In this case, cooperation is less sustainable without trust because interactions are too few to allow reputations to develop.

The discussion of the concept of trust in the social capital literature is not without its limitations. While the role of trust is central to most discussions on social capital, there remains a divergence of views about whether trust is part of social capital (Ostrom & Ahn 2001) or whether it is produced by social capital (Putman 2000) cited in Raiser (2008:494).

**Norms and values** form the second component of the cognitive dimension of social capital. Lelieveldt (2008:330) regards norms and values as "obligations, democratic orientations and levels of tolerance." Norms are what people in some networks believe to be normal in the network, typical and appropriate actions, that is, norms define the forms of behaviour that are considered to be beneficial to society and thus are valued and socially approved. Norms are held in place by reciprocal expectations, both empirical and normative, of people within a network.

The often-mentioned source of social capital is the norm of reciprocity. **Reciprocity** is understood by Warren (2008:139) as "the basic norm of social exchange...." People who hold the norm of reciprocity incur obligations when they make claims on others. The norm of reciprocity therefore creates social capital in the form of obligations. Putman (2000) cited in Warren (2008:139) suggests that norms differ in their objects. Reciprocity can either be specific - "obligations are incurred between you and me, or generalised - obligations

are incurred between me and everyone else". In the case of specific reciprocity, the expectation is that the obligation will be repaid by the specific other and not just anybody. For someone operating on the norm of generalised reciprocity, his or her contributions to someone in a time of need, will be repaid eventually, by someone else perhaps, should they need repayment. Consequently, the obligation to repay is not levelled at a particular person but that someone will do the same for the initial helper. One trusts that the social system will eventually reciprocate. Warren (2008) suggests that a society rich in generalised reciprocity is likely to have a high capacity for cooperation. In this sense, "obligations are fungible and flexible, and thus tend to multiply cooperative activities over more people, time, space and sectors."

It is noted in literature that the norm of reciprocity 'is at work' in social exchanges associated with negative externalities or bad social capital. For example, in corrupt cases of vote buying and commercial contracts in return for bribes. In each case, the exchange is regulated by the norm of specific reciprocity, and 'extended over time by a fabric of obligations' (Warren 2008:140). Fukuyama (1995) cited in Bofota (2012:12) makes observations similar to Warren's, that "the sharing of values and norms does not in itself produce social capital, because the values [and norms] may be wrong ones." For Fukuyama, the norms and values that create social capital must substantively embrace values virtues like truth-telling, the meeting of obligations and reciprocity. Warren (2008) however, further suggests that 'not all specific forms of reciprocity generate negative externalities.' Some forms of politeness, for example, everyday greetings, are specific, and market exchanges are always specific.

Bofota (2012:12) highlights important benefits deriving from norms:

They furnish alternative mechanism to a lack of effective legal mechanism in enforcing rules and facilitating transactions between economic actors. They shape the performance of organisations and economies, they help solve the problem of coordination and collective action and they enable actors to capture the gains from cooperation.

A relationship between norms and trust is discernible. Coleman cited in Warren (2008:139) argues that reciprocity is facilitated by trust, that is, one trusts a norm because there are expectations that others will conform to those norms. However, the dispositions of trust and norms are not the same. Trust includes a risk element, which reciprocity does not have. Operating on the norm of generalised reciprocity, one does not need trust since the expectation of reciprocity does not rest with a specific agent. Coleman argues that “generalised reciprocity embodies an altruism that is not necessary to trust.”

### **3.6.7 Links between structural and cognitive dimensions of social capital**

There is strong evidence in the social capital literature, which shows an intrinsic connection or relationship between structural and cognitive dimensions of social capital. The two dimensions of social capital are related, interactive and reinforcing. Structural social capital assets such as networks together with roles, rules and procedures, while extrinsic and observable, ultimately all come from cognitive processes (Uphoff 2000:218). The cognitive social capital assets, that is, norms, values, attitudes and beliefs are the factors that rationalise collective action, reciprocal actions and cooperative behaviour in networks.

According to Rose (2000:151) Inglehart's view is that networks are a consequence of people trusting each other rather than trust emerging as a by-product of association. People who trust each other interact to form associations in situations ranging from choirs and sports groups to the workplace, and thereby becoming more trusting. Most discussions of social networks in the literature emphasise that networks are held together by mutual expectations of benefits, but “they are crucially sustained by expectations (that is, norms) of reciprocity” (Uphoff, 2000:219).

People in a community may share strong feelings of trust and mutual goodwill but social organisation, structures and roles will usually be required to translate individual attitudes and values into coordinated and goal-oriented

behaviours (Krishna 2000:77). In this sense, shared values, norms and expectations are part and parcel of all structural arrangements.

Fukuyama, 1995; Francois and Zaboronij, 2005 cited in Bofota (2012:14) while agreeing that the structural and cognitive forms of social capital are distinguishable, argue that the two forms can evolve independently. People may cooperate because of their mental processes or attitudinal features but which may not necessarily be reflected in social structures or networks. For instance, Collier (1998) cited in Bofota (2012) asserts that “the coordination of buyers and sellers into a market with a specific time and location may initially involve collective action. Thereafter, this coordination may be persistent even if the organisation for collective action is removed: people simply continue to expect that there will be a market at the same time and place.” Similarly people can be coerced to join groups without any social preparation, that is, without gathering information, analysing their situation or without a systematic pattern of action-reflection-action, and more fundamentally without any inclination to the norm of reciprocity or shared values prevailing in that group.

### **3.6.8 Types of social capital**

Three types of bonding, bridging and linking social capital are commonly distinguished in contemporary social capital literature. The distinction between bonding and bridging social capital is commonly associated with Robert Putman (2000). Woolcock (2001:13-14) distinguished between bonding, bridging and linking social capital. Narayan, 1999; Szreter and Woolcock, 2004 further contributed to discussions and debates about the three forms of social capital. In rural communities, where formal public institutions like banks, insurance mechanisms for dealing with financial, health, employment, climate-related risks such as floods and droughts are typically weak or unavailable, the poor and vulnerable communities are left with only their social networks to call upon (Woolcock & Radin 2008:417). Social exclusion, spatial isolation, low education, and “different cultural capital” often combine to deny them access to resources in the networks of the non-poor, that is, access to bridging social capital.



### **3.6.8.1 Bonding social capital**

According to Putman cited in Fennema and Tillie (2008:353) bonding social capital refers to networks between persons who are socially alike. The defining feature of bonding social capital according to Putman lies in the sociological characteristics of persons. Members of the network see themselves as similar and are joined by horizontal ties. Warren (2008:133) asserts that “bonding social capital is exclusive in nature, and develops within in-ward looking and exclusive groups of similar people such as might be found in churches, reading groups or ethnic fraternal organisations.”

A similar definition of bonding social capital is offered by the World Bank (2001:128): “The strong ties connecting family members, neighbours, close friends and business associates....These ties connect people who share similar demographic characteristics.” Woolcock’s definition (1998) cited in Raiser (2008:495) corresponds relatively closely to Putman and the World Bank’s definitions. Accordingly, “bonding social capital is formed between family members and other social groups living in close proximity with a significant degree of emotional involvement.”

There is evidence in the social capital literature linking bonding social capital to generation of both positive and negative externalities. Poor communities characteristically “have a close knit and intensive stock of bonding social capital that they leverage to ‘get by’...and almost no linking social capital enabling them to gain sustained access to formal institutions such as banks, insurance agencies and courts” (Woolcock 2002:26-27). An analysis of poor communities and households in rural North India confirmed the significance of bonding social capital for the poor people. The research findings showed that social networks played an important in the social protection of the poor people’s basic needs and managing risk. Studies that examined the relationship between enterprise performance and the structure of the business networks confirmed the importance of bonding social capital for poor entrepreneurs operating small local firms in traditional industries. They formed “solidarity networks,” sharing personal information about members’ conduct and intentions in order to minimise risk and uncertainty. Bonding social capital

therefore has some benefits which are summarised as creation of strong group loyalty, it is good for specific reciprocity, and can provide social and psychological resources for the poor and marginalised groups (Warren 2008:133).

Some of the main notable negative external effects resulting from bonding social capital includes what Putman (2000) cited in Warren (2008:134) termed, “strong in-group loyalty often generates strong out-group antagonism”. Societal vices such as ‘intolerance’ and ‘sectarianism’ result from bonding social capital which is predicated on wrong shared values and norms. Putman (2000) cited in Warren suggests that ‘dark sides’ of social capital are likely to be prevalent in contexts where bonding social capital not ‘tampered’ by bridging social capital and other contextual elements like economic and political powers and institutions.

The strong bonds and patterns of loyalty associated with bonding social capital can easily be put to criminal or antisocial use. The World Bank cited in Lowndes and Pratchett (2008:698) suggests that “drug cartels and other criminal gangs are often premised upon strong bonds ... and depend upon them for on-going *success*.” Bonding social capital may also reinforce ethnic or faith-based identity, thus fostering sectarianism and negating the emergence and sustenance of mutually beneficial wider community collaboration. Where negative effects of bonding social capital may not manifest as sectarianism and ethnicity, they may reinforce patterns of unhealthy lifestyles, serious problems of alcoholism, dietary challenges or even foster beliefs such as refusal to immunise or vaccinate children against disease as is common in some religious sects found in developing countries in Africa.

As the poor tend to bond with others like themselves, the social networks that they form tend to be with people who have the same characteristics. While all societies are stratified, it is the only extent that differs. As poor people are usually at the bottom of a stratified society because of their low prestige status, and socio-economic status, the bonding social capital networks that they form are less potent than the networked resources that can be accessed

by the advantaged and rich groups in society (Kadushin, 2012:172). Women are historically disadvantaged and based mainly on bonding or strong tie evidence, have less social capital. According to Narayan *et al.* 2000 cited in Woolcock (2002:23), there is research evidence to suggest that in many poor communities, women primarily possess intensive “protection” networks compared to men who have access to more extensive “innovation” networks.

### **3.6.8.2 Bridging social capital**

Bridging social capital refers to the horizontal ties across heterogeneous groups of people with different backgrounds, that is, they do not necessarily share similar social identities. Bridging in this sense refers to the “ability of such networks to create bridges connecting sectors of society that, otherwise, would never have come into contact” (Sabatini 2009:430). Bridging social capital extends networks, and connects groups to resources they might not otherwise be able to access. Warren (2008:133) regards bridging social capital as “outward looking and encompassing people across diverse social cleavages”. The definition provided by the World Bank (2001:128) is consistent with other definitions of bridging social capital found in the social capital literature. The term bridging social capital is used to describe “the weak ties connecting individuals from different ethnic and occupational backgrounds. It implies horizontal connections to people with broadly comparable economic status and political power”, irrespective of how well they know each other. Poortinga (2006:256) gives three useful examples of bridging social capital – perceived levels of social justice, solidarity and mutual respect in society as a whole. Putman cited in Fennema and Tillie (2008:353) assumes that the white middle class tends to have more bridging social capital. This is also common in areas where you have concentrations expatriate professionals with different nationalities and backgrounds. They usually develop bridging ties through interactions in various professional and social forums. Bridging social capital facilitates community markets’ growth, information flows and can create broader forms of identities and reciprocity. Benefits of cooperation are greater when people have bridging ties since they bring together different but complementary resources.

The evidence in the social capital literature points to a strong relationship and complementarity between the bonding and bridging types of social capital. Putman cited in Warren (2008:134) argues that both bonding and bridging types of social capital are necessary to social life. It is not an 'either-or' distinction, but rather one of more or less'. Deploying both bridging and bonding social capital and maintaining a balance between them is an important social task for individuals, networks and groups of people in everyday life. According to Woolcock and Narayan (2000) cited in Woolcock and Radin (2008:417) deploying both types of social capital, and achieving and maintaining a balance between them is central to the strategy of improving economic opportunities and life chances of the poor. It is also possible for networks and groups to bond along some dimensions and bridge across others.

Putman's work in Italy cited in Prakash (2002:51) is an empirical study whose findings suggested important connections between bonding and bridging social capital. Putman proposes that membership in civic organisations or voluntary associations, which are manifestations of bridging social capital at the micro level, have "spill-over" effects that lead to better state-society relations Coleman, (1988) and Uslaner, (2000) also cited in Prakash (2002:51) argued that 'it is the family background and conditioning aspects of bonding ties at the micro level, that act as a training school for developing civic virtues, trustworthiness and social capital'.

Lin (2001:75) proposed a 'strong ties' and 'weak ties' distinction, which is similar to the bonding and bridging social capital distinction. According to him, strong ties conform to the 'homophily' principle, which is that people tend to associate with others who have similar resources to themselves. This is similar to bonding social capital, that is, networks of people with identical social characteristics. Weak ties on the other hand bridge across groups, strata and classes and provide networks or groups with access to new resources.

Social capital researchers recognise that bonding and bridging social capital are necessary but insufficient for sustainable development. The World Bank

(2001:129) notes that a participatory poverty assessment carried out in Kenya found more than 200,000 community groups and networks in rural Kenya, but most were not linked to external resources. The groups' capacities to leverage resources, ideas and information from institutions and communities beyond their areas were limited and therefore unable to help poor people move out of poverty. The missing connection was 'linking' or 'vertical' social capital. The creation of linking social capital is essential for helping poor people increase their voice and economic opportunities.

### **3.6.8.3 Linking social capital**

The third type is the vertical or linking social capital, describes the vertical ties connecting individuals or networks to formal, and institutionalised power or authority structures in society (Poortinga 2006:256). The definition is consistent with Woolcock's (1998) conceptual understanding of the term cited in Raiser (2008:495), that, "linking social capital supports the hierarchical relationships between citizens and people in authority, most usually in government". The World Bank (2001) provides a definition that draws from an understanding that poverty is largely a function of powerlessness and exclusion. It describes linking social capital as "consisting of the vertical ties between poor people and positions of influence in formal organisations (banks, agricultural extension offices, police). This dimension captures a vitally important additional feature of life in poor communities: that their members are usually excluded by overt discrimination or lack of resources from places where major decisions relating to their welfare are made". The capacity to leverage resources, ideas and information from formal institutions beyond communities is a key function of linking social capital (Woolcock 2002:27). Sabatini (2009:430) provides a useful example that illuminates the importance of linking social capital. Sabatini suggests that civil society organisations allow citizens to come into contact with the institutions to carry out advocacy activities through collective action. Such vertical linkages allow groups access to resources, ideas and information from institutions of power, enabling group members to 'scale up' micro-level social capital and social action to a politically and economically effective level.

Woolcock (1998) and Easterly, Ritzen, and Woolcock cited in Raiser (2008:495) emphasise the importance of linking social capital for determining whether a national government will likely succeed in the implementation of economic policies to improve growth prospects and living standards of its citizens. This seems to suggest whether a government connects with its citizens to the extent that the latter can demand accountability through mechanisms such as parliaments and civil society organisations and resident associations.

The World Bank (2001:129-130) emphasises the importance of external support in the creation of linking social capital for poor communities. Myrada, an Indian non-governmental organisation that delivers microfinance services and acts as a medium term intermediary between poor people and commercial banks provides a useful and important example of the role of external support from civil society organisations in the creation of bonding, bridging and linking social capital. The organisation first mobilised the bonding social capital within village communities to form credit management groups, and then over time to form regional federations made up of representatives from each credit group, thereby enhancing bridging social capital connections between the networks. From the outset, the credit management groups held bank accounts with commercial banks but had lacked enough confidence and skills to participate independently in formal institutions. They lacked the linking social capacity. After five years of capacity development through training and experience, group members were able to manage their bank accounts with the formal institutions, and even arranged for annual external financial audits, without the involvement of Myrada staff. Thus Myrada had successfully facilitated the creation of linking social capital between the credit management groups and the commercial banks (World Bank 2001:130).

Researchers and practitioners of social capital, for example, Szreter and Woolcock (2004) cited in Poortinga (2006:256), argue that all the three types of social capital are important for people's health and well-being. It is the different combinations of bonding, bridging and linking social capital that are responsible for the range of development outcomes observed for poor people.

Different development interventions including giving cash to the poor relate to different types of social capital: bonding (family and relationship support); bridging (business-community networks); and linking (neighbourhood governance, community service credit schemes). Getting the social capital analysis wrong prior to the design of development projects aimed at reducing poverty for poor communities, or failure to do a social capital diagnosis can lead to wrong types of interventions and consequently the absence of positive outcomes for poor people, perhaps even to perverse effects (Lowndess & Pratchett 2008:693).

The World Bank (2002) suggests that in a developing country context, support for bonding social capital at the level of the family and household is vital to ensuring daily survival of poor people. The facilitation of the development and strengthening of village associations to support a range of activities, for example, education, micro-finance and economic development, environmental and agricultural sustainability - all enable the poor to put their social capital to work in more productive ways. Interventions that connect such associations to the wider social networks and economic markets can help build forms of bridging and linking social capital that can facilitate the poor out of poverty. Key interventions at this level are usually made by non-governmental organisations, with the support of the national and local governments and donor countries, as is the case with Zimbabwe's Harmonised Social Cash Transfer Programme, which involves all the key actors mentioned here.

### **3.6.9 Social network concepts and definitions**

John A. Barnes (1954), an anthropologist who studied the connections among people living in a Norwegian island parish was the first researcher credited with using the term social network. Barnes viewed social interactions as a "set of points some of which are joined by lines to form a total network of relations" Barnes drew influence from Moreno's pioneering work about sociograms. Network ideas and methods spread from anthropology and sociology to other disciplines over fifty years ago (Knoke & Yang 2008:9).

There are several definitions of social networks in the social capital and networks literature. For Wellman and Berkowitz (as cited in Knoke & Yang 2008:9), “a social network is a structure composed of a set of actors, some of whose members are connected by a set of one or more relations.” A network is defined as a set of relationships between objects which could be people, organisations, nations (Kadushin 2012:3). The term is sometimes used to describe the entire set of links among a finite collection of agents (Fafchamps 2006:1183). Social networks begin with people, and evolve from individuals interacting with one another but produce extended structures that they had not imagined. Social networks are both indicators of social capital and are also a process that leads to social capital (Kadushin 2012:177). There is significant evidence in the social networks literature supporting the notion that social networks have beneficial utility, have many forms and that the values they produce are varied. Kadushin (2012:182) identifies two levels of social networks, community or group and individual.

A fundamental starting point about social networks is the idea that social life is created mainly and most importantly by relations and the patterns formed by these relations (Marin & Wellman 2011:11). Wasserman and Faust (1994) cited in Marin and Wellman (2011:11) formally defined social networks as “a set of nodes (or network members) that are tied by one or more types of relations.” Christina Prell (2012:8) offered a similar formal definition by stating that, “a social network can be defined as a set of relations that apply to a set of actors as well as any additional information on those actors and relations.” The Australian Bureau of Statistics (ABS, 2000) cited in the published work of Bofota (2012:14) define a network as, “the personal relationships which are accumulated when people interact with each other in families, workplaces, neighbourhoods, local associations and a range of informal and formal meeting places.”

Most definitions and discussions in the literature on social networks emphasise that the presence of relational or connections is a critical and defining feature of social networks. Actors and relations are two indispensable elements of any social network. These two fundamental components are



common to most network definitions. Their combination jointly constitutes a social network.

At the heart of social network studies are fundamental concepts and terminology namely; actors, nodes, vertices, actor attributes, finite set of actors, ties, relation, group, ego and egocentric networks, socio-centric networks, open system networks and density.

### **Box 3.2: Social networks – key concepts and measures**

In the social network analysis literature, there are multiple terms for the same concept. For example, **actors**, **vertices** and **nodes** are the social entities linked together according to some social relation (Prell 2012:9). Marin and Wellman (2011:11) provide a similar description by stating that “nodes or network members are the relations or units that are connected by the relations whose patterns we study.” The actors or nodes are commonly persons or organisations, although any units that can be connected to other units can be studied as nodes.

**Tie** is defined as “what connects A to B for example, A is friends with B = A is tied to B” (Prell 2012:9). Similarly according to Wasserman and Faust (1994:20), actors are linked to one another by social ties and the defining feature of a tie is that it establishes a linkage between a pair of actors.

**Relation** is defined by Wasserman and Faust (1994:20) as the collection of ties of a specific kind among members of a group. Prell (2012:9) offers a similar definition of relation, which is that, “a relation is a specified set of ties among a set of actors. For example, friendship, family etc.” Different types of relations identify different networks even where observations are restricted to the same set of actors. For example, a friendship network among a set of office employees most likely differs from their advice-seeking network (Knoke & Yang 2008).

**Group** is defined as a collection of all actors on which ties are to be measured, (Wasserman & Faust 1994:20).

**Actor attributes** represent the additional information on each actor, for

example, age, gender, and socio economic class Prell (2012:9).

**Finite set of actors** – the restriction to a finite set of actors is an analytic requirement in social network analysis.

A **social structure** is defined as consisting of (a) a set of social units (positions) that possess differential amounts of one or more types of valued resources and that are (b) hierarchically related relative to authority (control of and access to resources) (c) share certain rules and procedures in the use of the resources and (d) are entrusted to occupants (agents) who act on these rules and procedures. In simple terms, the structure of a given network consists of who interacts with whom, how frequently and on what terms (Lin 2001:26).

**Socio-centric networks** are networks in a box, for example, connecting children in a classroom or between executives or workers in an organisation (Kadushin 2012:17).

**Density** is a measure of how many connections there are between actors compared to the maximum number of connections that could exist between actors. The higher the proportion, the more dense the network (Kilduff & Tsai 2003:30). Density is central to community, social support, and high visibility. Density facilitates the transmission of ideas, rumours and diseases. All things being equal, the greater the density, the more likely is a community to be considered a cohesive community, a source of social support and an effective transmitter of information. Agricultural communities or villages have greater density than modern urban communities. People tend to know each other in many contexts, that is, as relatives, co-workers, church attendees etc. In comparing different networks in terms of density, it is important to take into account their sizes. Smaller networks will have greater density.

**Structural hole.** Burt (1992) developed the idea of a structural hole. Burt defines structural holes as “the empty spaces in social structure.” These empty spaces result from actors not having a tie between them, that is, lack of a connection (Prell 2012:122). Burt used the notion of a structural hole to

discuss how some network structures can give individuals a strategic advantage over others. Networks which have structural holes hold a greater diversity of information than those without. Information becomes redundant when many of the same actors have ties with one another, that is, much of the same information and generally advice would be circulating between the actors. Connecting to individuals who are unconnected themselves is connecting to non-redundant pieces of information (Prell 2012:123). Structural holes, as a concept and analytical technique, have gained research popularity.

**Reciprocity.** One important issue about networks concerns whether or not they are highly structured. The degree of structuring can be assessed in part by measures of balance that comprise both reciprocity and transitivity. A network with a high degree of reciprocity is one in which ties between two people tend to be symmetric (Kilduff & Tsai 2003:32). For example, if A likes B, then B also likes A. Ties can either be symmetric, that is, reciprocated or asymmetric, that is, non-reciprocated. For example, Alex nominates David as a friend and David nominates Alex as a friend. In contrast, in the non-reciprocated or asymmetric matrix, Susie sends Lynn a watch and Lynn reciprocates that watch, but Susie also sends Jane a watch and Rose does not reciprocate that watch. Networks with low reciprocity may be hierarchical with some actors receiving many nominations which they do not reciprocate.

**Tie multiplexity.** When actors share more than one kind of relational tie with one another, they exhibit a multiplex tie (Prell 2012:140). Kadushin (2012:36) shares a similar notion, that is, a multiplex relationship arises when actors have more than one kind of relationship with one another. Members could relate to one another in many different contexts such as going to the same church, same education classes, they are friends and also work partners. A tie can therefore represent many interests between actors. The concept of multiplexity is used in the network literature in two related senses: role multiplexity and content multiplexity. According to Beggs, Haines and Hurlbert (1996) cited in Kadushin (2012:36), role multiplexity “refers to the possibility that two nodes occupy more than one position that ties them together,

typically a situation in which two nodes have an organisational relationship, for example supervisor and assistant (to the supervisor), but are also friends.” Typically, this occurs in village societies in which people are simultaneously kin, labourers on the same farm, and are also members of the same church.

**Informal networks:** Rose (2000:149) asserts that “social networks of an informal nature are face to face relationships between a limited number of individuals who know each other and are bound together by kinship, friendship or propinquity. Informal networks are “institutions” in the sociological sense of having patterned and recurring interaction.” La Porta *et al.* (1997) cited in Bofota (2012:14) provide a similar suggestion that “informal networks include relationships people have with their families, partners, friends and neighbours.”

**Formal networks:** La Porta *et al.* (1997) cited in Baende Bofota (2012:14) state that “formal networks include relationships at work, within community groups and churches, and with formal bodies such as businesses and governments.” According to Rose (2000:149), formal networks are rule-bound, bureaucratic and they have a legal status and secure revenue from the market or the state. A formal network can have individuals as its members, for example, a professional association of bee-keepers or its members can be organisations, for example, an association of hospitals.

After specifying the network boundaries, that is, identifying the network members, the next stage that researchers follow is the identification of the relations between the network members. Relations differ in terms of their content, direction and intensity. Relations could include collaborations, friendships, trade ties, information flows, ideas and money.

- Transaction relations: Actors exchange control over physical or symbolic media, for example, giving gifts or economic sales and purchases.
- Communication relations: Linkages between actors are channels through which messages may be transmitted.

- Boundary penetration relations: Ties consist of membership in two or more social formations, for example, corporate boards of directors with overlapping members.
- Instrumental relations: Actors contact one another in efforts to secure valuable goods, services or information such as a job, political advice or recruitment to a social movement.
- Sentiment relations: Actors express their feelings of affection, admiration, difference, loathing or hostility towards one another.
- Authority or power relations: The ties in these relations indicate the rights and obligations of actors to issue and obey commands. These types of relations often occur in formal hierarchical organisations.
- Kinship and descent relations: These ties are bonds of blood and marriage reflecting relations among family roles.

### **3.7 Theoretical framework**

This section presents the main theoretical perspectives or lenses through which to analyse the effects of the HSCT on social capital. The theories used in this study are drawn from the field of sociology. The study gives special emphasis to social capital and social network theories. These two theories allow a focused analysis of how the HSCT affects different dimensions of social capital such as social relations, social networks, community collective action, norms of reciprocity, and trust in individuals and institutions.

The HSCT operates through and affects different social capital dimensions through its implementation processes and social components which include, targeting, mobilisation, payment and communication. The effects of these processes must be analysed to determine whether they are good or bad for the participating communities in social capital terms. CT beneficiaries and non-beneficiaries are embedded within a web of social relations, processes and institutions in their communities. Accordingly, social capital and social network theories provide a suitable framework of analysis to understand the wider social implications of the processes of intervening in beneficiaries' and non-beneficiaries' lives. The sections below discuss the theories that inform the present study.

### **3.7.1 Social capital theory**

The three prominent writers highlighted in the contemporary literature on social capital in terms of their foundational influence in developing theories of social capital are Pierre Bourdieu, James Coleman and Robert Putnam. Their works were enough to encourage wider and interdisciplinary attention to the notion of social capital.

Sociologists, James Coleman (1987 and 1988) and Pierre Bourdieu (1980 and 1986) are credited for independently offering the first systematic conceptualisation and treatments of the concept of social capital. Their seminal studies placed social capital at the centre of research in sociology. Coleman and Bourdieu like Hanifan were particularly interested in the field of education. They seemed to have developed a theoretical definition of social capital which they used to systematise the effects of social relations, which they observed in their applied research. Coleman and Bourdieu were both stirred by the effects of the social environment and social connections on educational performance.

Despite their common interest, Coleman and Bourdieu pursued different theories on social capital with different aims in mind. The influential French sociologist Pierre Bourdieu was the first social scientist to formulate definitions of social capital that were structural (Kadushin 2012:175). Bourdieu's interest in social capital originated from his attempt to develop a general theory of social reproduction, and how the dominant classes in society retain their position. Bourdieu distinguished between three forms of capital: economic, cultural and social. His basic concern was to investigate the processes that made for unequal access to resources and power differentials, and the ways in which these factors were linked to class formation and the creation of elites. For Bourdieu, economic factors alone could not explain social reproduction and elite dominance in society. Bourdieu defined social capital as "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance and recognition (Bourdieu 1985:248). According to Bourdieu and Wacquant (1992) cited in Kadushin (2012:175), "social capital resources

might accrue to either groups or individuals”. A fundamental view according to Bourdieu is that the possession of social capital was an attribute of the middle class and elites making sure that their circles remained exclusive, that is, the rich may use these networks to reproduce unequal systems of domination. While a large number of social capital theories in the literature view it as a positive notion, Bourdieu’s theoretical perspective pictures it as exclusionary, unfair and as an instrument of social inequality although the elites would see it positively.

The American sociologist James Coleman’s theory of social capital is broader than Bourdieu’s approach to social capital. Coleman (1988) argued that social capital is not viewed only as stock held by elites but that it has value for all kinds of communities including the non-elite groups living in poor or marginalised communities who could also benefit from social capital derived from their social connections. Coleman’s central argument is that social capital is defined by its function and that it is linked to the nature of social structures. Coleman understood social capital as: “it is not a single entity, but a variety of different entities, having two characteristics in common: they all consist of some aspect of social structure, and they facilitate certain actions of individuals who are within the structure” (Coleman 1990:302). In Coleman’s view (1988:95), social structure consists of “norms, rules, and obligations” and relationships. Coleman argued that “social structure becomes social capital when it is appropriated to further an actor’s goals” (Kadushin 2012:176). Coleman’s theory asserts that social capital is a potential resource which an actor can use alongside other resources such as human, physical and economic capital (Gauntlett 2011). “... [S]ocial capital is not necessarily owned by the individual but instead arises as a resource available to them [the actor]” (ibid.).

Sandfleur and Laumann (1998) cited in Kadushin (2012:176) identified three kinds of benefits embedded in Coleman’s theory of social capital: source of information; influence and control; and social solidarity. The theory is that mutual trust and commitment arise from group norms, from repeated interaction, or both. Since the development of trust and values is a process

that takes place over time and feeds into the development of social networks, it is a process that generally cannot be directly observed (ibid.).

John Field (2003:28) compared Coleman and Bourdieu's contributions to the notion of social capital and brought out useful aspects. Bourdieu's central emphasis is on connections between privileged individuals in society. Coleman's view is broad as it discerns value of social capital for different actors in a society: individual and collective, privileged and marginalised. Coleman's treatment of social capital is almost entirely optimistic. According to Field (2003:28), "Coleman's view is also naively optimistic; as a public good, social capital is almost entirely benign in its functions, providing for a set of norms and sanctions that allow individuals to cooperate for mutual advantage and with little or no dark side. Bourdieu's usage of the concept, by contrast, virtually allows only for a dark side for the oppressed, and a bright side for the privileged."

Bourdieu (1980, 1983, 1986); Coleman (1988, 1990), Lin (1982, 1995a), Flap (1991, 1994), Burt (1992), Erickson (1995, 1996), and Portes (1998) cited in Nan Lin (2001:24) "all shared the understanding that social capital consists of resources embedded in social relations and social structure, which can be mobilised when an actor wishes to increase the likelihood of success in a purposive action." According to this shared view, social capital thus represents an investment in social relations through which resources of other actors can be accessed and borrowed.

It is widely recognised in the literature on social capital that sociologist Robert Putnam's two most cited works; *Making Democracy Work* (1993), and *Bowling Alone* (1995) have largely been responsible for popularising the concept of social capital and provided inspiration for most of the current academic and policy debates on social capital. "Social capital as a social system attribute is a notion popularly associated with Robert Putnam's *Bowling Alone*" (Kadushin 2012:177). Putnam's contributions were influenced by the writings of de Tocqueville and derived from insights from Coleman's contributions. Putnam wrote from a political science background. He placed emphasis on the significance of civic community and association.



In *Making Democracy Work*, Putnam adapted and extended Coleman's understanding of social capital. Putnam writes on the causes of differential performances of democratic institutions across Italian regions. He argued for the significance of social capital and the quality of civic life in the creation of democratic societies. According to Putnam (1993), Northern Italy developed faster than Southern Italy because the former was rich in social capital as measured by memberships in groups and clubs. Putnam compared the existence of a strong web of associations and cooperative organisations in the North of Italy, combined with a higher awareness of the importance of the public issues and a stronger trust in institutions, to the lack of the same two elements in the South of Italy. Putnam posited that those differences explained the condition of underdevelopment in the southern regions of Italy and the wealth of the Northern regions. Citizens of the more civic areas of the country learnt through time to trust each other and to cooperate. Thus, the explanatory variable in Putnam's analysis of regional development and institutional performance across regions in Italy is the "civic virtue" or "civic community".

In *Bowling Alone* (1995), Putnam highlighted evidence of a decline in United States of America's (USA) social capital as measured by membership in informal and formal clubs, voter turnout, newspaper readership, volunteerism, neighbourliness, religious affiliations and participation levels in civic and political life over the post 1950s period.

Putnam's core idea of social capital then is that: "... participation in political, civic, religious, workplace activities, volunteering and informal networks leads to a culture of social trust and to networks with generalised reciprocity that bridge different groups. The outcomes of social capital are democracy, tolerance, and civic community participation and collective action. Social capital also results in low crime, safer neighbourhoods, less tax evasion, better schools and economic growth" (Kadushin 2012:177). According to Putnam, social networks are both indicators of social capital and are also a process that leads to social capital (ibid.). Social participation facilitates the creation of social networks. In Putnam's view, participation leads to trust.

Trust is therefore an attribute of social capital. In similar fashion to Coleman's theory of social capital, Putnam points out: "what concerns us [is] not just any network but those characterised by reciprocity and trust.... Reciprocity is best when it is generalised.... One does something for another person but does not expect something directly in return. Rather, one trusts that the social system or group will eventually reciprocate" (ibid.).

Putnam's theory of social capital is criticised in the social capital literature on many grounds. Portes (1998) cited in Kadushin (2012:178) highlighted that: "Some of the indicators, such as those involved in democracy, are both causes of democracy and also outcomes of the social capital process, which has led to an accusation that the arguments are circular". Other grounds of criticism are: Putnam's theory is not concerned sufficiently with issues of class distinction and power, Fine 2001, Harriss 2001 cited in Mansuri and Rao (2004); the theory ignored reverse causality with the link going from wealth to more group activity rather than the other way Portes 1998; Durlauf 2001 (ibid.); and for not recognising that social capital can be destructive as well as constructive Portes 1998 (ibid.). The delinking of power and social relations has been criticised as one of the main challenges with Putnamian social capital. "A more nuanced understanding sees social capital as part of the relations within a social system and recognises that different groups within a social system can have different types of social capital. It recognises that social capital must be viewed contextually because it is embedded within structures of power and can be used to facilitate collective action for the common good or to perpetuate symbolic or actual violence against others" (Mansuri & Rao 2004). Krishna 2002; and Rao 2001; cited in Mansuri and Rao (2004) argued that "notions of trust and norms are not generalisable, and that means that social capital has to be understood within its cultural and political context."

### **3.7.1.1 The link between cash transfers and social capital theory**

This section distils the theoretical essence of Bourdieu's, Coleman's and Putnam's works for this study. I develop a suitable framework for analysing the effects of the HSCT on social capital primarily from the theoretical

contributions of the above-mentioned prominent scholars. However, on a limited scale, I incorporate into the analytical framework the relevant theoretical contributions from other social capital theorists such as Platteau, Uslaner and Kadushin.

Social capital theory deriving from the works of Bourdieu, Coleman and Putnam has the advantage of being multi-dimensional. Their definitions and conceptualisations of social capital identify social relations, trust and the practice of reciprocity as central tenets of social capital. This facilitates a multi-dimensional approach to the analysis of the effects of the HSCT on social capital. The theory allows for a broad analysis of the effects of the HSCT on structural, relational and cognitive dimensions of social capital in the study communities. Different forms of social capital not only pre-exist HSCT programme implementation, but they also play a role in the functioning of the programme itself. The HSCT can also have effects on building or modifying existing forms, types and dimensions of social capital.

Coleman and Bourdieu developed a theoretical definition of social capital which they used to systematise the effects of social relations. The scholars were both stirred by the effects of the social environment and social connections on educational performance. It is worth pointing out here that in contrast to the sequencing of issues in Coleman and Bourdieu's theoretical approaches, the present study modifies their approach in that the interest is in the effects of a cash transfer programme on the social capital and social environment in which the HSCT is implemented. In their approach they were interested in the effects of social capital on educational outcomes.

Putnam's conceptualisation of social capital is on the benefits accruing at the community level. According to Krishna and Uphoff cited in Krishna (2008:442), at the community level, social capital is regarded by Putnam as an asset and an important catalyst for mutually beneficial collective action. Communities are endowed with social capital to diverse extents (*ibid.*). Bourdieu and Coleman provide a conceptualisation of social capital at the individual level. The authors argue that social capital exists between individuals and by extension can be accumulated by the individuals (Esser

2008:24). Their view suggests that social capital is all about establishing relationships purposefully and making use of them to generate benefits. The benefits could be tangible or intangible and may include information, ideas, and money. Cash transfers operate through individual and community level social capital and affect social capital at the two levels. The conceptualisations of social capital by Putnam, Bourdieu and Coleman are complementary and provide useful analytical bases to examine the effects of HSCT on individual beneficiaries' social capital, and effects on households and the wider community. The individual-level conception of social capital is particularly useful for analysing the effects or contributions toward status attainment by individuals receiving the HSCT in the study communities. I analyse how some HSCT beneficiaries may have improved their personal and social status through access to resources embedded in social relations or networks which they may have (re)joined following the introduction of the HSCT in their communities. At the community level conception of social capital, the study employs the theoretical notion advanced by Putnam to examine whether some of the design and implementation features of the HSCT, for example, targeting, and grievance and complaints management systems may have strengthened or weakened social capital in the recipient communities. By employing the community conception of social capital as suggested in Putnam's theory, this study can demonstrate how the possession of high or low social capital may be associated with better or worst social outcomes in terms of community well-being, for example, collective goodwill to address a community problem, labour-sharing groups, or negative social capital manifesting as increased levels of crime, social exclusion and less community cooperation.

Social relations are the heart of the social capital theory. They represent a key component of the structural dimension of social capital discussed in an earlier section. MacAuslan and Riemenschneider (2011:3) suggest thinking about cash transfers as ongoing processes of intervention in a complex system of social relations. The authors argue that "individuals are embedded within institutions at several levels: households, communities and national political and social institutions." Cash transfers build on social relations and are likely

to affect them (ibid.). In analysing the effects of the HSCT on social relations, the study invokes Putnam's (2000) theoretical notions of "bonding" and "bridging" social capital. The distinction between bonding and bridging social capital is commonly associated with Putnam (ibid.). The present study analyses the effects of the HSCT on the ability of cash transfer recipients to build or strengthen "social bonds" between different members of the same household, that is, intra-households social relations between genders and generations. In addition to analysing the effects on social bonds, the study uses the theoretical notions of Putnam to analyse the effects of the HSCT on the ability of cash transfer recipients to build or strengthen "social bridges" or social relations with other households (recipients and non-recipients). According to Prakash (2002:51), Putnam makes the point that membership in civic groups or voluntary associations are manifestations of bridging forms of social capital. The present study analyses HSCT beneficiaries' participation in membership associations or groups as one of the indicators of the presence of bridging social capital. The analysis of the effects of the HSCT on social relations will determine the types of social relations affected by the introduction of the HSCT. Social relations differ in terms of their content, direction and intensity. Social relations could include collaborations, friendships, trade ties, information flows, ideas and money.

Bourdieu's conceptualisation of social capital notion is useful in analysing adverse effects of the HSCT on social networks particularly whether or not existing social networks are accessible to HSCT beneficiaries. A fundamental view in Bourdieu's theory of social capital is that the non-poor have better social networks than the poor and that the possession of social capital is an attribute of the former. The non-poor use their networks and social circles to reproduce unequal systems of domination. Thus, their networks are closed and exclusive. In this regard, the study employs Bourdieu's theory to examine whether the introduction of the HSCT in the recipient communities reproduced any forms of inequalities or does not alter existing forms of inequality and social exclusion. For example, the analysis explores if HSCT beneficiaries are able to enter or to join social networks of the elites in the study communities.

In this regards, Bourdieu's social capital theory is useful to examine the relations between HSCT recipients (poor) and non-recipients (non-poor).

Trust is an important dimension of cognitive social capital. Ahn and Ostrom (2008:80) aver that trust is the key link between forms of social capital and outcomes. Platteau cited in Fafchamps (2006:1183) theorises that trust arises from varied sources but importantly from repeated interpersonal interactions, general knowledge about the population of agents and the incentives people face. This is consistent with Uslaner's view (2008:101) that "trust depends on information and experience". Single encounters do not suffice to develop trust. Similar to Platteau and Uslaner views about the origins of trust, Sandfleur and Laumann (1998) cited in Kadushin (2012:176) make the point that Coleman's theory of social capital supports the notions that mutual trust arises from repeated interactions. Coleman adds that the development of trust and values is a process that takes place over time and feeds into the development of social networks (ibid). Putnam makes similar points although his concern is at the collective level by stating that participation in community-based activities and informal networks leads to a culture of social trust and to networks with generalised reciprocity that bridge different groups (Kadushin 2012:177).

Deriving from the above-mentioned theoretical suggestions about the sources of trust, this study examines utility of repeated interactions of HSCT beneficiaries for the development of trust and bonding and bridging forms of social capital. The HSCT uses a physical cash delivery method whereby HSCT beneficiaries travel to designated payment points at central points in the community to receive their cash transfers every two months. The theoretical assertion according to the trust theory is that the repeated interactions among HSCT beneficiaries; the frequent interactions between programme officials and beneficiaries; and the repeated interactions between HSCT community focal persons and beneficiaries should lead to the development of different types of trust. First, the study analyses if the repeated interpersonal interactions of HSCT beneficiaries lead to the development of "personalised trust" (Uslaner 2008:108); and secondly if the repeated interactions between HSCT programme officials; beneficiaries and

focal persons leads to trust in institutions. The study further explores Putnam's theoretical assertion that participation in the HSCT by beneficiaries, and community volunteers leads to the formation of norm and trust-based social networks, and whether the trust that is generated acts as a catalyst for collective community action. From these analyses, the study determines whether the HSCT weakens or strengthens an important cognitive dimension of social capital – trust.

### **3.7.2 Social network theories**

Social network theory is at the heart of theoretical frameworks for network-based social capital studies. Social network analysis has also emerged as a key analytical technique in sociology, anthropology, social psychology and economics. The present study uses the social network theory to analyse the type, structure and relational elements of cash transfer-based social networks.

There are several theoretical perspectives within the umbrella of social network theory. This section focuses on the social selection network, and the strength of weak tie theories. These two theories contribute to the overall theoretical framework that informs this study.

The social selection network theory integrating the concept of homophily (Lazarsfeld and Merton, 1954a; McPherson et al. 2001; Mercken et al. 2009; Robins et al. 2001) cited in Prell (2012:28) is tested in the present study. Social selection network theory looks at how individuals with similar characteristics are attracted to one another. Similarity is seen as the main basis upon which selection processes occur, Byrne cited in Prell (2012:63).

Homophily is a relatively old concept or principle in sociology introduced into social network theory by Lazarsfeld and Merton 1954 (Lin 2008:60). The concept refers to a social situation of actors preferring to have social relations with other actors similar to them (Prell 2012:129). People with the same values and attitudes tend to associate with one another. Interaction, in turn, leads to greater likelihood of common values. People in the same structural position or location, for example, the same class, occupation and education, tend to have the same values and engage in common activities and so come

to associate with one another. The concept thus embeds a folk proposition that “birds of a feather flock together” Kadushin (2012:18). The principle proposes that there is a strong correspondence between intensity of interactions, shared sentiment and shared resources. The concept applies equally to groups, organisations, countries or other social units. Homophily is a process as well as an outcome. There are two kinds of arguments regarding how homophily takes place. The first argument, according to Coleman et al. Feld, 1981, 1982 cited in Prell (2012:129) posits that organisational or social settings determine that ties will form among similar actors, that is, the availability of similar attributes is a function of social structure. Two examples will help to show this, first “one is more likely to find people interested in solving mathematical problems in a physics class than in a class on English literature Kadushin (2012:20). Secondly, a social protection programme such as a cash transfer programme will draw in beneficiaries who share similar attributes, and this similarity amongst the actors will also most likely coincide with other similarities. Consequently, the group composition produces homophily. Other examples of this kind include churches, and sports clubs Prell (2012:129). The second argument, according to Skvoretz, 1985, 1990 cited in Prell (2012:129) states that nodes are drawn to form ties with others who are similar to themselves. This implies that the organisational or social setting does not matter as individuals will seek out and find others who are similar to themselves and form ties with these others. For example, friendship ties will develop as a result of individuals being in a similar age group or coming from a similar educational background. In sum, it seems that there are four processes involved with the principle of homophily. If people flock together, it could mean: (1) the same kinds of people come together, (2) people influence one another and in the process become alike, (3) people can end up in the same place, and (4) once they are in the same place, the very place influences them to become alike Kadushin (2012:20). Homophily is not necessarily a good thing. Social networks based on homophily may be unfair as it can bring about segregation.

A common issue of concern in the social network literature is that it is difficult to measure and account for the causal direction of homophily. The key



question is: “Is it that people come together and become more similar over time, or is it that they are attracted to similar others and form a social tie accordingly?” A classic example is a study of adolescent girls, Hutchinson and Raspee 2007 cited in Kadushin (2012:19), which found that students belonging to the same clique tended to have similar scores on various measures of behaviours such as alcohol use, dietary restraint and binge eating. However, it could not be established whether adolescent girls hang around together because they share similar habits, or they have become similar to each other while hanging around with one another. The concept of homophily is relevant to the present study and is applied in analysing the type of social networks and similarity bases upon which ties are formed among HSCT beneficiaries in the two study communities. The similarity bases include common identities as “HSCT beneficiaries” and “non-beneficiaries”.

Probably the most cited social network analysis theory is “The strength of weak ties”, published in *The American Journal of Sociology* (Prell 2012:76). Granovetter (1973) studied how professionals in Massachusetts used their personal networks to find out information on new job opportunities. In particular, Granovetter was interested in the nature and strength of relationships existing between respondents and the respondent’s contact persons. Granovetter (as cited in Kilduff and Tsai 2003:33) defined the strength of an interpersonal tie as “a combination of the amount of time, the emotional intensity, the intimacy (mutual confiding) and the reciprocal services which characterise the tie.” Erickson cited in Prell (2012:140) provides a similar definition: “... refers to strong ties as ones exhibiting strong feelings of liking, intimacy, and friendship.” The strength of the tie was measured by frequency of contact, where respondents rated their contact person as someone they met with often, occasionally or rarely. Granovetter asserted that the strength ranges from weak, defined as relationships that are infrequent and distant, to strong, defined as frequent, long lasting and affect-laden relationships.

Granovetter’s study findings showed a significant pattern pertaining to personal contacts, the strength of tie, and the success of respondents in

landing a new job. Granovetter concluded from the study findings that weak ties as measured through frequency of contact were a more important resource for individuals in locating information on new jobs than were stronger ties. According to Granovetter cited in Kadushin (2012:31), weak ties have several interesting consequences. “First they facilitate the flow of information from otherwise distant parts of a network. Individuals with few weak ties will be deprived of information from distant parts of the social system and will be confined to the provincial news and views of their close friends.” Social systems lacking in weak ties are generally fragmented and incoherent, and new ideas spread slowly. Granovetter’s conclusion was premised on the idea that strong ties tend to exist among close friends and family members, and that information among such closely tied members tends to become redundant.

### **3.7.2.1 The link between cash transfers and social network concepts and theories**

Social networks are both indicators of social capital and a process that leads to formation or destruction of social capital (Kadushin 2012:177). The introduction of a cash transfer intervention into a community can lead to the formation of new social networks or modification of existing networks. Cash transfers can operate through social networks and in the process affect different features of the networks. As the review of literature demonstrated, cash transfers can enable entry and re-entry of poor people into social networks and can facilitate beneficiary access to resources embedded in those networks.

The present study employs the social selection network theory to examine if similarity factors are the main bases upon which social connections among HSCT beneficiaries are established. The theoretical assertion is that people in a social situation prefer to form social relations or connections with other people similar to them, that is, people are attracted to similar others and form social ties (Prell 2012:129). The HSCT beneficiaries share many similarity characteristics, a majority of which may be related to the design features of the programme. For example, (1) they are all categorised as “beneficiaries” on

the basis that they meet the targeting and selection criteria: food-poor and labour- constrained, (2) they may be receiving the same amount of cash transfer, and (3) demographic factors such as age and gender of cash recipients. The social selection network theory posits that social networks based on the principle of homophily may be unfair through exclusion. The study uses concepts that are fundamental to social network theories to examine the characteristics of social networks deriving from HSCT-based similarity factors. For example, I analyse the purpose of the networks, actor attributes; type of relations within the networks; whether the networks are restricted to a finite set of members; type of networks – egocentric or socio-centric networks; and whether the networks exhibit tie multiplexity.

According to Putnam (2000:19), norms of reciprocity and trustworthiness are positive consequences of social networks. He suggests that people who have active and trusting relations with others develop and maintain character traits that are good for the rest of the community. This theoretical assertion implies that HSCT beneficiaries who have active and trusting connections to others in their communities are “more tolerant, less cynical, and more empathic to the misfortunes of others” (ibid., 288). Social networks and local community associations help improve coordination of action by creating a structure within which individuals interact repeatedly and enhance trust among members thereby reducing opportunistic behaviour by individuals Dasgupta (as cited in Dasgupta & Serageldin 2000:48). Sorensen (2000:2) makes a similar observation by suggesting that, “when individuals meet and do business on a regular basis, the interaction enhances trust and reduces uncertainty as well as provides a forum for ostracism toward opportunism, as members learn about the behaviour of other members. This creates an environment more likely to lead to solutions to common property problems.” I use this theoretical assertion to examine whether the participation of HSCT beneficiaries in social networks and local membership associations makes them more willing to cooperate and participate in collective action-based community activities.

The ideas in Granovetter’s “strength of weak ties” theory are relevant to the present study. Granovetter asserts that weak ties were more important

resources for beneficial outcomes of individuals. I apply this theoretical assertion in analysing the nature and strength of the ties that HSCT beneficiaries have with their connections within and outside their communities. I also examine the beneficial effects (if any) arising from the connections. The fundamental implication of Granovetter's theory for the HSCT beneficiaries is that they access important benefits from connections that are infrequent and distant than they would from nuclear family, kin-based and close-friends networks. A key observation in the social capital literature is that without connections to resources beyond poor communities, poor people's networks and connections serve a survival and defensive function – a struggle to meet daily needs (Narayan *et al.* 2000:57).

### **3.8 Chapter summary and conclusion**

The chapter provided a comprehensive discussion and analysis of social cash transfers and the concepts of social capital and social networks. The key debates associated with various aspects of cash transfers and social capital were highlighted. An analytical framework for the study deriving from social capital and social network theories was developed.

The review of the CT literature shows that cash transfer schemes are important social protection instruments for addressing poverty, vulnerability and inequality. Latin America's experience with conditional cash transfers galvanised interest CT programmes across most of the developing world including in Sub Saharan Africa where the CTs are primarily unconditional. There is intense debate in the CT literature about whether CTs should be conditioned or not. There are strong pros and cons for each option with some CT scholars preferring that contextual factors and programme objective guide design options. Other scholars make a point that there is little distinction between conditional and unconditional. The variation is in the intensity of conditionality.

Cash transfers are located in the alternative development strategies family which favoured a more direct, targeted and predictable approach to assisting

the poor and vulnerable populations. Cash transfers can serve multiple objectives depending on how and what they are designed to achieve.

A point is made that while different country and regional contexts demand their own shapes, forms and content of CT programmes, there are common design and operational features across countries and regions. These features include targeting, transfer size, payment method, frequency of payment and type of recipient. Grievance and complaints mechanisms are important components of CTs and form the basis of a programme's social accountability system. There are variations in the systems used across programmes with some making use of community structures while others define formal and hierarchical systems. The main debates on design and implementation features of CT schemes are about whether CT programmes should be targeted or be universal in their reach. Proponents for targeting argue on the basis of efficiency outcomes in redistributing limited cash resources while those against targeting see it as an expensive and ineffective redistributive mechanism which can also have negative social and political consequences.

The review of the CT literature further shows that cash transfers are some of the well-researched and evaluated instruments of social protection. However, there is limited but growing evidence of the effects of CTs on social outcomes. The evidence shows a mixed picture of positive and negative effects on a range of social capital dimensions including social networks, risk-coping strategies, trust, participation in community activities, and social relations. CTs also have unintended consequences which should be considered at design and implementation stages, for example effects on crime, disincentives for adult labour, trust and remittances.

The review of the social capital literature shows that the concept is very old, its definition is nebulous, it is multi-dimensional and there are diverse theories associated with the concept. Social capital is understood as an attribute at different levels: individual, household and community. It is primarily viewed as a productive asset which increases with use unlike other forms of capital. However, it can also have adverse effects. The three main types of social capital are bonding, bridging, and linking or vertical social capital. A balance

of the three types of social capital is necessary optimum functioning of communities as for example; too much bonding social capital could lead to failure to access resources beyond social bonds. There are two interrelated dimensions of social capital – structural and cognitive. The theories of social capital are fundamentally about the interactions of structural and cognitive dimensions mainly: social relations, trust norms of reciprocity, social networks, and collective action. Putman, Bourdieu and Coleman are widely recognised as having significant influence in developing seminal theories of social capital.

Social capital can both be a consequence of processes linked to development interventions, and a catalyst for the success or failure of the interventions. The social capital literature does not yet incorporate the relationship between the concept and cash transfers as the latter is a relatively recent poverty reduction instrument in the developing world. Instead the social capital literature has examined the link between social capital and microfinance. However, the expanding CT literature now integrates various dimensions of social capital primarily examining the effects of the former on the latter. CT programmes operate through and affect different social capital dimensions through implementation processes and design features such as targeting, actual payment and programme communications. These CT processes have implications for the social organisation of CT recipients and non-recipients in their communities.

In order to analyse the effects of the HSCT on the social organisation of recipient households and communities, the study chose an analytical framework that incorporates social capital theories deriving mainly from Putman, Bourdieu and Coleman. In addition to the use of social capital theories, and for the purpose of analysing social connections between HSCT beneficiaries and the strength of their social relations with others within and outside of their immediate communities, the study makes use of the social selection network theory and the notions of Granovetter's "strength of weak ties" theory.

The next chapter is a detailed presentation of the research approach and design used in this study. It describes the study population, sampling procedure, data collection, analysis, and ethical considerations.

## CHAPTER 4:

### RESEARCH DESIGN AND METHODOLOGY

#### 4.1 Introduction

The chapter addresses the methods and techniques that were used in collecting, processing and analysing primary and secondary research data. The research paradigm; approach; design; and methodology - data collection methods, study populations, sampling, research instruments and data analysis techniques are outlined.

A brief overview of research paradigms is provided in the following section.

#### 4.2 Research Paradigm

The philosopher Thomas Kuhn is credited for introducing the notion of research paradigms more than 50 years ago. Kuhn argued that scientific research is organised around philosophical systems denoting ideas, frameworks and set of beliefs that shape the way researchers see the world (Neuman 2007:41). Babbie (2010:33) identified a paradigm as “a model or frame of reference through which to observe and understand.” Denzin and Lincoln (1998:4) offer a similar definition suggesting that paradigms “represent belief systems that attach the user to a particular world view.” According to Neuman (2007:42) there are three main research paradigms namely: interpretive, positivism, and critical. Denzin and Lincoln (1998:26) make the point that each of the three philosophical perspectives denote particular ontologies (set of ideas - frameworks/theories), epistemologies (set of questions), and methodologies (methods of inquiry).

The **interpretive paradigm** adopts a constructionist view of social reality. The paradigm “... holds that human social life is based less on objective, hard factual reality than on the ideas, beliefs and perceptions that people hold about reality” (ibid., 43). Reality is socially constructed and subjective. Central to the interpretive paradigm is the notion of *verstehen* or empathic understanding. The concept of *verstehen* is largely attributed to Max Weber.



Neuman (2007:44) states that through the notion of *verstehen*, researchers have a desire to capture the inner world and personal perspectives of their research subjects and to accurately represent how people being studied view the world, feel about it, and act. According to Glass (2005:3) *verstehen* follows four steps by which researchers can arrive at empathic understanding. The steps are: imagination, abiding, discovery and expression. In reality the steps are not linear but iterative. The interpretive paradigm emphasises the inseparability of understanding from interpretation. Researchers seek to understand and then interpret social reality.

Interpretive researchers interact with those they study. Data collected is rich and context specific. The data is typically qualitative although quantitative data can be collected as well. Interpretivist research methods include focus groups, interviews, observations, and case studies. Surveys can also be used in this approach. The range of methods used in the interpretive paradigm allows for many variables to be investigated. The interpretive research process is inductive, that is, the researcher constructs theory from the ground up (Neuman 2007:30). Researchers who use an inductive approach adopt grounded theory. In grounded theory, the "...researcher builds ideas and theoretical generalisations by closely examining and creatively thinking about the data" (ibid.). Patterns and theories are developed to describe and explain phenomena (Puvanesvary, Rahim, Naidu, Badzis, Mat Nayan & Abd Aziz 2011:7).

The **positivist paradigm** was introduced by French philosopher, Auguste Comte (Babbie 2010:34). He coined the term "positivism" to describe a philosophical system grounded on objective, measureable and replicable reality (ibid., 35). To the positivist researcher, "social reality is made up of objective facts that value-free researchers can precisely measure and use statistics to test causal theories." Positivists rely on law or law-like principles and use logical deduction to explain reality. The majority of studies that use the positivist approach adopt quantitative methods and use scientific experiments (Neuman 2007:42-43). The ontological premise is that reality is objective and factual; epistemological issue is the researcher is separated

from subjects of study – human behaviour is considered controlled and determined by the external environment; and the methods of enquiry are experiments and tests.

The critical approach seeks to put knowledge into action in order to influence change. In this regard it carries an activist orientation linked to a political agenda. The critical approach favours action research methods. It is similar to interpretivism in that it asserts that research is not value-free (ibid., 44).

#### **4.2.1 Research paradigm used in the present study**

This study is located primarily within the interpretivist paradigm. However some aspects of the present study adopt principles of phenomenology and positivism. According to Hancock and Algozzine (2006:9) the phenomenological paradigm explores the meaning of several people's lived experiences about a specific event, situation or phenomenon. It addresses the issue of an experience of a phenomenon as perceived by people who participated in it in order to make sense of the reality of these people, and interpretation is vital in understanding that experience (Puvensvary *et al.* 2011:5). The key assumption in this approach is that there is a central meaning of an experience shared by several individuals for example, beneficiaries' participation in the HSCT programme that can be investigated and explained through research (ibid.). The perceptions and experiences of HSCT beneficiaries are analysed to describe the essence of the programme in their social lives. Phenomenological studies typically use qualitative methods for collecting data mainly observations and interviews.

The interpretivist paradigm is considered appropriate for this study not least because the study is non-experimental; uses small samples; data is predominantly context-specific and qualitative and the social reality is constructed from research subjects' subjective experiences. The table below displays features of the interpretivist approach as used in this study categorised into the purpose of the research, ontological premise, epistemology, and the methodological premise.

**Table 4.1: Features of the interpretivist paradigm as applied to the present study**

<b>Feature</b>	<b>Description</b>
Purpose of research	<ul style="list-style-type: none"> <li>• Purpose is to explore, describe, understand and interpret effects of the HSCT on social capital from the perspectives of beneficiaries, non-beneficiaries, community leaders, community volunteers and programme officials. Make sense of the evidence using social capital and social network theories.</li> </ul>
Ontology (nature of reality/truth)	<ul style="list-style-type: none"> <li>• Reality is subjective and multiple as seen by HSCT beneficiaries, non-beneficiaries, community leaders, and programme officials.</li> <li>• Social reality is a product of negotiations within cultures and social settings of HSCT beneficiaries and non-beneficiaries.</li> <li>• People in the HSCT's programme communities assign meanings to the programme, their experience with the programme, and its effects.</li> </ul>
Epistemology	<ul style="list-style-type: none"> <li>• Researcher interacts with research subjects in the HSCT programme settings (Epworth and Goromonzi).</li> <li>• Social phenomena are understood and interpreted using an inductive process.</li> <li>• Knowledge is socially constructed and it is value-laden.</li> <li>• The inquirer and the known are engaged in an interactive and iterative process of discussing, writing, listening and reading. The process is not linear.</li> </ul>
Methodology	<ul style="list-style-type: none"> <li>• Methodology is non-manipulative, non-controlling and unobtrusive.</li> <li>• Data collection methods: document text review, FGDs, key informant interviews, field observations for example at pay points, and case studies.</li> <li>• Methods allow data to be collected on many variables</li> <li>• Data collection methods ensure dialogue between the researcher and subjects in order to construct meaningful social reality</li> <li>• Meanings, patterns, themes emerge from the research process.</li> <li>• Verification of data done through triangulation.</li> <li>• Findings can be generalised from one setting to similar settings</li> </ul>

While the dominant research paradigm is the interpretivist approach, the household survey component of this study brings in limited aspects of the

positivist approach. Survey research was developed within the positivist approach to social science and the researcher usually follows deductive reasoning (Neuman 2007:167-168). However, in this study there was no theory testing but data was collected using the survey method in order to examine multiple variables with respect to effects of the HSCT on social capital in the study communities.

### **4.3 Qualitative and quantitative research approaches differentiated**

A useful organising framework in research involves developing an initial understanding of the differences between qualitative and quantitative research approaches. Qualitative and quantitative researches differ in many ways, but they complement each other, as well. According to Babbie (2010:23), “the distinction between quantitative and qualitative data in social research is essentially the distinction between numerical and non-numerical data.”

Qualitative research involves in-depth investigation of a small group of respondents by using various techniques such as interviews, focus groups, participant and non-participant observation, oral history, ethnography, archival or document analysis (Puvanesvary *et al.* 2011:2). Qualitative researchers often work within an interpretive research paradigm, which uses data generation methods that are flexible, nonlinear and sensitive to social contexts. Qualitative researchers speak a language of “cases and contexts” and emphasise conducting detailed examinations of cases that arise in the natural flow of social life (Neuman 2007:84). Typical research questions in qualitative research include: How did a certain condition or situation originate? What are the processes by which a condition/situation changes, develops, or operates? A different type of question tries to confirm existing beliefs or assumptions. Another type of question tries to discover new ideas. If little is known about an issue, a qualitative approach may be more useful. In qualitative research, researchers interact with the object of study to find out the views of those involved in the events under study. The number of cases studied is normally small and therefore, they are not generalisable beyond the case studies. However, the findings can be transferred to a different context

which has similar characteristics to the cases studied. The research strategy is inductive and theory is built from data or grounded in the data. Data analysis proceeds by extracting themes or generalisations from evidence and organising data to present a coherent, consistent picture (Neuman 2007:88).

Quantitative research can be defined as the systematic scientific investigation of phenomena and their relationships. It is theory-driven, uses fixed research designs and involves the collection of numerical and statistical data (McCandless & Bangura 2007:138). Quantitative research operates within a positivist research paradigm which applies a deductive research strategy where the language of variables and hypotheses testing is common (Puvanesvary *et al.* 2011:1). It often involves instruments such as surveys and tests, to measure specific variables, such as students' source of disenchantment, from large groups of people. These instruments typically produce useful data in short time periods (Hancock & Algozzine 2006:7). A key objective of quantitative research is to develop and employ mathematical or representational models designed to indicate systematic patterns of relations, time sequences or causal connections in data. The process of measurement is central to this research approach because it provides fundamental connections between empirical observation and the mathematical expression of quantitative relationships (McCandless & Bangura 2007:139). Thus, quantitative research is characterised by three basic phases: finding variables for concepts, operationalising them in the study, and measuring them. This type of research tends to describe, make generalisation from particular samples or test hypotheses. Data is collected from a large population of subjects. Quantitative research is concerned about validity, reliability and objectivity. Researchers do not physically interact with the subjects and they claim that they offer value-free analysis although no one can be fully detached from any type of research as our knowledge about the world is based on our assumptions about it. The common methods used in quantitative research are questionnaires, structured interviews (choices provided), structured observation (predetermined schedule) and content analysis (predetermined categories). In summary, quantitative researchers are usually interested in identifying relationships among variables, comparison

and causality (discovering independent variables that cause variance or change in the dependent variable), testing hypothesis and theories, and make predictions based on their findings (Puvenesvary *et al.* 2011:2).

Using standardised data gathering procedures means that the research can be replicated and then analysed and compared with similar studies. A criticism levelled against quantitative research is that research is often carried out in an unnatural, artificial environment, so a level of control needs to be applied to the data collection process. The level of control may not normally be realistic in the participants' daily lives, thereby yielding laboratory results that are opposed to the real world experience. The development of standard questions by researchers can lead to structural bias and false representation, resulting in the data that reflects the views of the researchers instead of the participating subjects. In addition, quantitative methods collect narrower and sometimes superficial data sets. Results are limited, as they provide numerical descriptions, rather than detailed narrative, and generally provide less elaborate accounts of human perception (McCandless & Bangura 2007:140).

Clearly, qualitative and quantitative research approaches differ in many ways, each with its own unique features. Neither approach is right or wrong, although one approach may be more appropriate than the other depending on the nature of the research questions and the predisposition of the researcher. In some cases, researchers implement activities of both approaches in the same research study.

#### **4.4 A mixed methods approach for the present study**

This section sets out the research approach for the study and the justification for the selected approach.

The study used a mixed-methods approach combining qualitative and quantitative methods in the research design.

The aim of this research study was to investigate the social effects of an unconditional cash transfer programme targeting the poorest segments of the

population in a rural and an urban project setting in Zimbabwe. The concept of social capital and its associated dimensions and concepts of social networks, social relations, happiness, trust, norms of reciprocity, and collective action provided the lens through which to analyse the social effects of the HSCT. The research sought to contribute to, and fill gaps in the empirical knowledge base about the social effects of UCT programmes with particular focus on dimensions and types of social capital. The body of evidence on this subject is currently limited though expanding.

The advantage of the mixed-method approach for the present study was that the investigator got a richer picture of what was happening in the social environment during the HSCT intervention. The goal was not just to produce two sets of data (one quantitative and one qualitative) but to increase the understanding of the research questions by combining the research data from the two methods. The approach allowed for triangulation of findings from one set of data with another thus increasing the confidence in the reliability and interpretation of the findings. Rossman and Wilson (1985, 1994) cited in Krishna and Shrader (2002:22) observe that: “complementary methodologies allow researchers to confirm and corroborate results, elaborate or develop analysis, provide richer detail and initiate new lines of thinking by studying surprising results or paradoxes.”

Social capital is a multi-dimensional concept. Research studies on social capital should be able to capture this multi-dimensionality. Making use of both qualitative and quantitative methods allowed this study to richly explore and describe the social effects of the HSCT programme across different dimensions of social capital. The qualitative and quantitative methods further allowed for a construction of a detailed picture of the context of the communities in which the HSCT programme is implemented. The researcher gained a more nuanced understanding of the social effects of the HSCT on beneficiary households, communities’ social institutions, and social structures. The HSCT is implemented in social settings where there is natural flow of social life. It is embedded in a complex web of social structures and relations.

It is through these processes and structures that ultimately results in observed effects of the HSCT programme.

In analysing approaches to measuring social capital, Grootaert and van Basterlaer (2002:9) point to the growing empirical evidence, “which indicates that social capital is best measured using a variety of qualitative and quantitative instruments”. The two authors argue that “the concept of social capital cannot be comprehended strictly ... using quantitative methods .... Neither can it be investigated solely through anthropological and sociological case studies.” Krishner and Shrader (2002:22) make a similar point by asserting that integrating qualitative and quantitative instruments is more useful and reliable than studies based on only one type of research methodology.

Harpham (2003) cited in Van Deth (2008:165) “pleads” for the use of mixed methods in studies that examine the concept of social capital and its various dimensions. Roche (2004) cited in the same chapter “strongly suggests the combination of survey techniques with ‘more qualitative elements such as in-depth interviews and focus groups’, whereas Stone (2001) adds the collection of local documents and histories.” Other empirical studies, for example, De Hart and Dekker (2003) include records from local authorities and statistics from the police.

Dudwick *et al.* (2006:39) assert that “mixed-method research is extremely useful for revealing how people and households use relationships and social networks for survival and/or mobility”.

According to Pozarny (2012) the evidence from the few social cash transfer impact evaluations that have used mixed methods indicates that mixed-methods are associated with the following advantages:

- Interpretation and contextualisation of results through triangulation: robustness of findings when consistent across methods,
- Deepen understanding by combining sources of information to assess **how** programmes work, **why** effects vary and the **what**,



- Untangle complexities – catch averages but also variation and heterogeneity,
- Explain patterns and trends – indications of future pathways for households and local economies,
- Understand cash transfer effects on different categories of population (women, men, children, youth, and households),
- Deepen understanding of intra-household, community dynamics as well as attitudinal, empowerment and social relations dimensions, and,
- Use of inductive and open approach.

Despite the strong points supporting use of mixed-method approaches, the difficulty with this method is that it is hard to do well. Combining the qualitative and quantitative methods requires researchers who understand approaches, their limitations and how they can complement each other. In addition researchers could face a possible dilemma if the qualitative and quantitative data conflict, for example people's perceptions may be different to quantitative measurements of a social process. Such conflicts require careful interpretation and handling.

#### **4.5 Research design**

According to Hancock and Algozzine (2006:86) a research design is “the element used to structure the research and showing how all the major parts of the research are designed to address the key research questions.” It is a framework in which a research study is undertaken and consists of methods used to collect and analyse research data. A research design is closely connected to the aim of the research, that is, what one wants to find out (Puvenesvary *et al.* 2011:3). The main purpose of the research design is to help avoid the situation in which the evidence does not address the initial research questions. In this sense, a research design deals with a “logical problem and not a logistical problem” (Yin 2009:27).

The type of research design chosen depends on the type of problem, the knowledge already available about the problem and the resources available

for the study (Varkevisser *et al.* n.d:119). Several classifications of research designs are possible. Different research designs generate different types of data.

As part of the research design, one or more research methods (qualitative or quantitative) may be used to collect and analyse data.

#### **4.5.1 Case study design**

The study adopted a case study design focusing on selected wards in Epworth and Goromonzi districts. Within the case study design, the research employed qualitative methods (document reviews, interviews, structured observations, HSCT beneficiaries' and non-beneficiaries' case studies and focus group discussions) and a quantitative household survey for the head of every beneficiary household sampled in the selected wards in the two districts.

Babbie (2010:309) defines a case study as “the in-depth examination of a single instance of some social phenomenon, such as village, a family, or a juvenile gang.” The case study can be a rigorous research method, empirically investigating a contemporary occurrence within its context (HSCT programme) and using multiple sources of evidence. The strength of case study research is its capacity for utilising a broad scope of evidence: artefacts, documents, interviews and observation, thus making it more inclusive (McCandless & Bangura 2007:165). Case study research means doing research in an actual and real life setting, generally including the gathering of evidence; conducting and recording interviews; interpreting collected data; amassing newspaper articles, documentation, records, minutes of meetings; searching archival records, organisational and governmental records; discussing actions and events with inside participants. Yin (2003:58) emphasises that “the demands of a case study on your intellect, ego, and emotions are far greater than those of any other research strategy. This is because the data collection procedures are not routinised.” Hancock and Algozzine (2006:31) point out that, types of case study research designs include exploratory, explanatory and descriptive.

The case study design chosen for this research was exploratory, descriptive and interpretive. Exploratory and descriptive research often blur together in practice. It is exploratory because it investigated an under-studied area: effects of an unconditional cash transfer on social capital. There is currently limited empirical evidence, and gaps still exist in this subject. The HSCT is an unconditional CT programme. Effects of UCTs can be found across many outcome areas. In this regard exploratory dimension of the study came into play since there were no predetermined effects as is the case with the CCTs where effects are commonly found in human development and economic dimensions. In addition there was scope to generate ideas for further research.

The descriptive dimensions of the study allowed for the description and analysis of the design and implementation features of the HSCT programme; social relations; community events; social networks; membership associations and clubs; trust; norms of reciprocity; community collective actions; and processes occurring in the HSCT programme and research settings. In this exploratory, descriptive and interpretive case study, the researcher analysed, interpreted and related findings to the existing body of theory, practice and research as laid out in the theoretical framework and literature review presented in preceding chapters.

Yin (1994:4) set important conditions to help establish when to use a case study research design: (1) the type of research questions posed, (2) the extent of control an investigator has over actual behavioural events, and (3) the degree of focus on contemporary as opposed to historical events.

This case study which is mainly qualitative and descriptive was considered a suitable research design in this study for reasons which fulfil the benchmarks set by Yin (1994), and additional factors. The full justification is set out below:

- The type of research questions answered in the study – what, why, where, how, and which, require in-depth examination of processes, states, events and context.

- There was no control of behavioural events by the investigator in the study settings. The primary data and the design and implementation features of the HSCT programme which were investigated could not be manipulated by the researcher.
- The study was an in-depth empirical enquiry on a contemporary intervention – the HSCT programme within its real context (social, cultural, economic and political situation) as opposed to examining historical events.
- The case study design provided a strong basis for in-depth analysis and insights into the perceptions and experiences of HSCT beneficiaries, non-beneficiaries, HSCT focal persons, community leaders and programme officials. The rich contextual information from qualitative data deepened understanding of the HSCT's effects on households, individuals and communities.
- One of the objectives of the research was to describe and analyse the HSCT programme's design and implementation features. Yin (1994) states that a case study model can be applied when dealing with descriptions of interventions.
- The focus of attention was on two selected cases (districts) – rural and peri-urban settings in which there are wards with targeted beneficiaries, and not on the whole population of cases: that is, not all 19 districts currently in the HSCT were subjects of the study, Research evidence generated was therefore case and context-specific.
- The case study design was effective at giving a comprehensive picture of the specific processes or series of events associated with various dimensions of social capital (social networks, social relations, collective action, and information flows) triggered by the introduction of a targeted cash transfer intervention in the study settings.
- The cash transfers are targeted at specific cases of the poorest people in selected communities and contexts. The introduction of a targeted cash transfer intervention means different things to different people and groups and will likely induce different perceptions and outcomes across contexts.

- The researcher directly observed social phenomenon in the selected wards particularly the interactions among HSCT beneficiaries, and between beneficiaries and programme officials at cash payment collection points, and beneficiaries' behaviours at their households during data collection.
- Case studies involve data collection through multiple sources. The present study dealt with a variety of evidence from multiple sources of primary and secondary data. The investigator collected a large volume of primary (new) data through various data collection techniques (qualitative and quantitative), and secondary data mainly from programme documents, survey reports, progress reports and policy documents and project proposals. Approximately 80 per cent of the research data sources were primary and 20 per cent secondary.

A purely quantitative study using regressions for example would not have been appropriate to generate useful data to describe the effects of the HSCT on dimensions and types of social capital in context-specific settings. In addition, the study was not focused on cause and effect relations. This is addressed mainly through impact evaluations methods using for example randomised control trials and regression discontinuity designs.

Despite the strengths of the case study design, there are limitations associated with the design, for example the narrowness of a case study makes it difficult to generalise with respect to other cases. In this study findings are only relevant to the particular research settings of Epworth and Goromonzi although transferable to similar contexts. In addition the interpretation of qualitative data is more interpretative and subjective. This may render the conclusions of case studies open to contestation.

#### **4.6 Study populations**

For research purpose, a population is defined as the theoretically specified collection or aggregation of individuals, elements or objects known to have similar characteristics (Babbie 2010:199). All elements within a certain

population usually share common traits. “All local government officers” is a well-defined group of individuals which can be considered as a population.

There are two types of population in research. According to Neuman (2007:146) a target population refers to “a specific pool of cases that a researcher wants to study.” It is the entire group or collection of cases (universe) to which researchers wish to generalise research findings. A target population is also known as the theoretical population. The target population meets set of criteria of interest to the researcher. Examples of target populations include: all HSCT districts, all people with cancer, and all left-footed footballers. The study population also known as the accessible population is a subset of the target population to which the researcher has reasonable access and it is that collection of elements, objects or individuals from which the sample is actually drawn (Babbie 2010:199). The accessible population may be limited to region, district, city or ward. Examples of study populations include: all HSCT districts from phase one of the programme; all left-footed footballers playing in the Absa premier soccer league in South Africa.

In this study the accessible populations were: 10 HSCT districts from phase one of the programme; all wards included in the HSCT programme in Epworth and Goromonzi districts; and all HSCT beneficiary households in wards 4 and 15 in Goromonzi district and wards 1 and 5 Epworth district. The other relevant study populations for this research were WCPC members; community leaders; HSCT programme officials; non-beneficiary households; and community shop operators.

#### **4.7 Sampling approach and methods**

A research problem has a bearing on some or other population. As a result of the size of a population, it is usually neither practically nor economically feasible to involve all the members of a population in a study. Researchers therefore have to rely on data obtained from a sample of the study population. Neuman (2007:373) defines a sample as “a smaller set of cases or elements a researcher selects from a large pool and generalises to the population.”

Samples can be persons, groups, organisations, written documents or even social actions such as arrests, rallies or divorces. The process of selecting study units, cases, elements or observations is called sampling.

Qualitative and quantitative researchers approach sampling differently. The primary goal of sampling in quantitative research is to get a representative sample or a small collection of cases from a large population, such that the researcher can study the small group and produce accurate generalisations about the population. Quantitative research designs tend to use sampling based on probability sampling. Probability sampling is a term used for defining samples selected in accord with probability theory, typically involving some random selection mechanism. Specific types of probability sampling include simple random sampling and systematic sampling (Babbie, 2010:196). Neuman (2007:161) identifies other types of probability sampling as stratified and cluster sampling.

Qualitative research focuses less on a sample's representativeness. Instead the purpose of sampling is to collect cases, elements or activities that clarify and deepen understanding. The concern is about processes of social life in specific contexts as is the case in the present study. For this reason, qualitative research situations usually call for a second method or type of sampling called non-probability sampling. Types of non-probability sampling techniques include haphazard, quota, purposive, snowball, deviant and sequential sampling (Neuman, 2007:141).

The study used both non-probability and probability sampling methods. The sampling approach followed a multi-stage sampling procedure. The non-probability sampling methods used are purposive technique, also known as judgemental sampling, and snowball sampling. According to Huysamen (1994:44) a primary advantage of non-probability purposive sampling is that it is less complicated and more economical in terms of time and financial expenses than probability sampling methods. In addition purposive sampling allows for specific choices to be made about which people and cases to include in the study. These advantages applied to the present study as well. In this study non-probability sampling was used in combination with probability

sampling methods. The probability sampling technique that was applied in the study is the simple sampling random technique.

### **Stage 1 – Sampling of districts**

The HSCT programme is operating in 19 districts, which were selected and enrolled into the programme in two phases. During Phase One between October 2011 and January 2012 the first 10 districts were selected into the HSCT programme. The first cash transfer payments to beneficiary households were made in all the first 10 districts between March and April 2012. The roll out of the HSCT to the second phase districts followed an incremental approach and took place at least 18 months after Phase One districts were on board, between June and December 2013.

The first 10 HSCT districts provide the first level of selection for this research study because the districts have been participating in the HSCT programme longer than the Phase 2 districts. The districts have had several years of experience with the HSCT programme. There is a difference of at least nine bi-monthly payment cycles that is, 18 monthly CT payments between Phase one and phase two districts. Beneficiary households in Phase one districts have received more CT payments than Phase two beneficiaries. There are likely to be differential effects on beneficiary households partly on this basis – duration of participation in the HSCT programme.

Case studies cannot be randomly selected but rather are chosen on the bases of known attributes. Epworth and Goromonzi districts were purposively sampled as case study areas from the first 10 districts (Phase 1 districts) for the following reasons.

From the first 10 HSCT districts the study aimed at selecting two contrasting research districts. This purposive selection was designed to reflect broad and deep site differences in terms of socio-economic and demographic conditions; social infrastructure and amenities; settlement histories, and structure of local government authority. The aim was to investigate variation and to gain an understanding of how the HSCT operates in different contexts.



Goromonzi district was chosen to represent a predominantly rural community with diverse socio-economic and livelihood activities including: agriculture production, livestock; formal employment in public service institutions, availability of functional basic service facilities, and business centres. In terms of local government authority Goromonzi district is run by a rural district council and a District Administrator. The district's traditional authority comprises appointed traditional leaders – chiefs and headmen. All of the above mentioned attributes define the context in which the implementation of the HSCT programme occurs in Goromonzi district.

The other research site aimed to select a district with less favourable socio-economic and demographic conditions. Epworth settlement was sampled on account of the following attributes:

- The district is the only peri-urban settlement in the HSCT programme.
- High levels of informality present a complex social environment for the implementation of the HSCT programme. Access to basic services – education, health, electricity, water and sanitation is severely constrained because the settlement was not originally planned as an urban residential area.
- A majority of the settlement's people are employed in the unregulated informal sector – street vendors
- The settlement's is run by a Local Board which is a different type of local governance structure from all other local government arrangements in the other HSCT districts.
- The HSCT programme has been subject to a number of evaluation studies. Researchers have deliberately not covered Epworth district due to its peri-urban setting and the predominantly informality of the settlement. The present study takes a different perspective and purposively selects Epworth district as a research district. The peri-urban and informal nature of the settlement makes the context of Epworth unique, and was an opportunity to richly explore the social effects of the HSCT. The present study was the first HSCT-related research to select Epworth as a research site.

- In Epworth, the HSCT is embedded in a web of complex social relationships because of the settlement's long history and pattern of evolution. There are important identity issues in Epworth as described earlier in chapter 3. Epworth has three groups of settlers: (1) early settlers or "originals," (2) settlers who came in during and immediately post war of liberation, and (3) the "free riders" (mostly informal and illegal occupants). Identity is an important factor in the social environment and will likely influence how the HSCT is perceived by different groups, how it operates in practice, and its social effects in the district. It is partly on this basis that Epworth district is selected for the present study.

## **Stage 2 – Selection of wards**

In the present study, wards were selected as the lowest level of sampling units in order to have units of analysis with reasonably high number of HSCT beneficiary households to richly explore and understand the effects of the HSCT on different dimensions of social capital. In each district two wards were purposively selected for the study. A careful analysis of the socio-economic characteristics of the wards in each district, and beneficiary households' profiles was done prior to selection of the wards. In addition it was necessary to ensure that selected wards provided the optimum household sample sizes that would meet the requirements of statistical methods used in the analysis of quantitative data gathered through the survey.

In Goromonzi district two wards were purposively selected based on the following criteria:

1. There are 25 wards in the district. Wards 11 and 21 were not considered for selection because they were part of a study carried out by the Oxford Policy Management in 2013. The study was a qualitative research and analyses of the economic effects of cash transfer programmes in Sub Saharan. It was necessary to consider other wards which have not been included in any HSCT-related study in order to

broaden our understanding of the effects of the HSCT in different contexts.

2. Wards 6, 7, 8, 9, 13, 14, 17, 19, 20, (and 21), 23, 24, and 25 were also not considered for selection because the number of beneficiary households in these wards is 31 or less with the lowest being ward 19 which has two beneficiary households. The study requires a sample size of 30 percent of beneficiary households in each selected household. A ward with 31 beneficiary households does not provide an adequate pool of reserve households to consider in the event that some of the selected households are not located for various reasons.
3. Wards 1, 2, 3, 4, 5, 10, 12, 15, 16, 18 and 22 provided the first level of selection for wards included in the study. From these 11 wards, ward 4 and 15 were purposively selected for the present study because of the following informative attributes:

4. **Ward 4:**

- a. Largest ward in the district by population size and number of households – 30,124 and 7,189 respectively.
- b. Highest number of poor and non-poor households in the district – 4,927 and 2,262 respectively.
- c. There are 194 beneficiary households in the ward – sufficient to provide a sampling ratio of 30 percent, and a pool of reserve households for the study.
- d. The ward has the largest number of household members in the HSCT beneficiary households – 962.
- e. The ward has the highest number of males fit for work (19 to 59 years of age) – 87, in the HSCT beneficiary households.
- f. Ward has the second largest number of HSCT beneficiary households headed by the elderly – 131 households in the district. Largest number is 141 in ward 10.
- g. The ward is home to a national monument site of cultural and botanical importance – Domboshava. It is a large granite hill with cave paintings which date back to thousands of years. There is a famous cave which is a short distance from the rock formations. These features make the ward unique in the district

and are especially informative for the present study because they form part of the socio-cultural context of the HSCT programme.

- h. Good degree of economic markets integration proxied by a transport network with a major road, secondary, feeder and connector roads in the ward.
- i. A main river flows through the ward
- j. The ward is a microcosm of a wide range of livelihood activities in the district: crop farming, horticulture, livestock farming, small business enterprises, petty trading and self-employment.
- k. Proximity to Harare city and Marondera town for markets, services and employment.

**5. Ward 15:**

- a. The ward is close to Harare – about 27 kilometres east of the city. It is easily accessible for the purpose of the research.
- b. The ward is close to a major road (Harare-Mutoko highway), and there are secondary and feeder roads in the ward – proxy indicators for market integration.
- c. A main river flows through ward.
- d. Means of livelihoods include crop production, horticulture, livestock rearing, trading of small goods, casual labour, and formal employment in the public sector, for example education and health.
- e. Like ward 4, Harare is the main market for goods, services and source of formal employment for local residents.
- f. The ward has one of the highest poverty prevalence rates in the district – 71.9 percent and it is above the district's average poverty prevalence rate – 62.4 percent.
- g. Presence of social infrastructure and amenities built primarily by the Catholic Church
- h. Ward 15 is a largely homogenous community via the agency of religion as described below.
- i. Ward 15 community is rich in Catholic traditions. Prominent in the area is Chishawasha mission station – a Catholic-Jesuit run

mission founded and established in 1891. The mission community includes 3 major schools, Chishawasha mission primary school; Saint Dominic's secondary school; and Saint Ignatius College. Other Catholic supported schools are Saint Ignatius primary school; Saint Joseph primary school; and Saint Peter's Claver primary school. The ward is home to a Regional Seminary for diocesan priests, and also a social centre at Silveira House.

- j. The presence and influence of the Catholic Church is a major footprint in the ward's social and cultural environment, which makes the ward a unique and especially informative case in the district for the purpose of the research. In addition this religious dimension adds to the number of different variables that will be examined in data analysis.
- k. According to the HSCT MIS, there are 95 beneficiary households in ward 15 – sufficient to provide the required sampling ratio of 30 percent, and a pool of reserve households for the study.

In Epworth district, wards 1 and 5 were purposively selected for this study. As described in chapter 3, Epworth settlement is characterised by a high degree of informality. While a formal Local Board is in place to manage the affairs of the settlement, the regularisation and planning of the district as an urban residential settlement has been hampered by a lack of resources and the continued influx of illegal and informal settlers. There are few clearly defined and numbered blocks of houses and streets. Sampling in such contexts is difficult. For the purpose of the present research, sampling of wards in Epworth relied on data from the Zimbabwe Poverty Atlas; 2012 national population census; HSCT MIS; a District and Ward analysis of social deprivations done by ZimStat and UNICEF; studies conducted by other researchers in the settlement; key informants and the present researcher's knowledge of the area.

Epworth is divided into 7 administrative wards. From these 7 wards, wards 1 and 5 were purposively selected for the present study using the following criteria:

1. Wards 1 and 4 share similar socio-economic characteristics and historical backgrounds. The two wards are the original settlements of Epworth and people who live here have something to do with the earliest settlers who came in to the district through the Methodist church. The wards were established before the ELB was set up. However, ward 4 was not selected for the purpose of this study because key social infrastructure and amenities are not located in this ward.
2. Wards 2, 3 and 5 share common characteristics – they are all adjacent to wards 1 and 4 and are all commonly referred to as “extensions” of the original settlements in wards 1 and 4. The people moved in during the peak of the liberation struggle and immediately after Zimbabwe’s independence. Wards 2 and 3 were not selected for the present study because the numbers of HSCT beneficiary households are low at 39 and 36 respectively. The required sample size is 30 and this leaves fewer reserve households in the event that some beneficiaries are not located during the course of the study. Based on the knowledge provided by key informants in Epworth and findings from other studies carried in the settlement, the population in Epworth is highly mobile and samples should be large enough to provide a pool of reserve households.
3. Ward 6 was not considered because the settlement is informal and broadly shares similar social and tenure characteristics with ward 7 describes below.
4. Ward 7 was not considered for selection because the residents are illegal occupants and are not recognised by the Epworth Local Board. It is the most informal and unplanned ward in Epworth district with high mobility rates. Data collection for the purpose of this research will be difficult in such an environment. In addition ward 7 is a hideout for criminals, and a hotbed of political activism in Epworth district. There

are issues of safety and security for the research team. Following advice from key informants in Epworth district, ward 7 was not selected for the present research.

5. **Ward 1: Chiremba/Muguta area** – attributes considered in selecting the ward as a research site:

- a. The ward has a profound footprint on the historical origins of Epworth district. The early settlers lived here and had something to do with the Methodist Church. They colloquially called themselves “originals”. Studies which have been done in Epworth for example Chirisa and Muhomba (2013:951); DSHTZ (2009); and Chitekwe-Biti *et al.* (2012) show that the current residents of ward 1 are have kept the “originals” identity. This implies direct or indirect connections with the Methodist Church either as followers, employees at the church or as relatives of the early settlers. The HSCT beneficiaries living in ward 1 are likely to have rich knowledge of the social dynamics in the settlement.
- b. The settlement is legally and formally recognised by the Local Board. Residents signed lease agreements with the ELB pay monthly rates to the local authority.
- c. Houses are numbered and streets have names. The HSCT beneficiary households are easily accessible for the purpose of the present study.
- d. There is portable water, sewer reticulation infrastructure and a largely surfaced road network in the ward – typical of a planned and serviced urban settlement. Some areas have electricity. The ELB collects refuse in this ward.
- e. There are two legally registered schools: Chiremba primary and Muguta secondary schools.
- f. Ward 1 performs poorly and is in the red category with regards to the net attendance rate at secondary school level. National figures show that ward 1 has an index of 59 percent.
- g. There is a health facility (clinic) built and run by the Methodist church.

- h. According to the HSCT MIS, there are 44 HSCT beneficiary households in ward 1. Of the 7 HSCT wards in Epworth, ward 1 has the highest number of beneficiary households headed by the elderly (29); highest number of HSCT households headed by women (30); and households headed by children (2).
- i. Ward 1 has the second largest population with 31,302 people.

**6. Ward 5: Chinamano extension/Maseko area - ward profile attributes considered in selecting the ward as a research site:**

- a. Residents in ward 5 have a common identity. They are primarily people who settled in Epworth during Zimbabwe's struggle for independence and the early years after independence; (1970s through to 1983). They settled on land sold to them by the "originals." Like the residents in ward 1, residents in ward 5 moved into Epworth before the ELB was established.
- b. Ward 5 is formally recognised by the ELB. Residents have lease agreements with the ELB and they pay rates to the local authority.
- c. There are two schools in the ward: Chinamano Extension and Kubatana primary schools.
- d. There are no health facilities in the ward. Residents use clinics in other wards – the nearest being Epworth clinic in Domboramwari.
- e. The ward has water infrastructure but no running water. Residents rely on wells and boreholes for water.
- f. There are no surfaced roads in the area. The road network which is there is gravel.
- g. According to ZimStat (2015:212) ward 5 has the highest poverty prevalence rate pegged at 66.6 percent.
- h. According to UNICEF and ZimStat (2015:32) ward 5 is in the worst category among all wards in Zimbabwe with regards to the indicator on "children under 5 in possession of a birth certificate". Its index is 25 percent.



- i. In Harare province and in the whole country, the proportion of the population under 5 is highest in Epworth's ward 5 (and 6). Its index is above 18 percent. This is a proxy indicator for poverty.
- j. According to the HSCT MIS there are 41 HSCT beneficiary households in ward 5. Of the 41 households, 25 are headed by the elderly; 22 headed by women; and 1 household is child-headed.

### **Stage 3: Selection of beneficiary households in the 4 research wards**

The simple random sampling method was used select HSCT beneficiary households for the study. The method was applied with slight variation in Goromonzi and Epworth districts because of the differences in how the settlements are organised. Goromonzi is a rural district and below the ward subdivision there are villages. Epworth is a peri-urban informal settlement which is in the process of being regularised as an urban residential settlement. Below the ward level are household units.

In the two research wards (4 and 15) in Goromonzi district, the villages within the two wards and the HSCT beneficiary households in those villages were selected using simple random sampling. The study applied a common principle used in deciding on sample sizes. Neuman (2007:162) suggests that for small populations (below 1000) a researcher needs a large sampling ratio of at least 30 percent in order to achieve a high degree of accuracy. For example, Goromonzi's ward 15 had 95 beneficiaries on the HSCT's management information system. A sampling ratio of 30 percent resulted in 28.5 beneficiaries but the number was increased to 32 respondents because it was feasible to do so. The higher the sampling ratio, the better the accuracy of data.

In Epworth district the village subdivision of households did not apply as stated above. The simple random sampling method resulted in the selection of 31 beneficiary households in each ward. The main advantages of using random sampling in selecting beneficiary households was that each household had an equal chance of being selected into the study sample,

method is easy to use and yields accurate representation of the larger population.

The selected HSCT beneficiary households in each of the four research wards comprised the sample for the household survey. There was a reserve list of HSCT beneficiary households from which replacements could be drawn if the need arose. The intention was to manage the risks that some respondents may not be located for the purpose of the research, or some of those located did not agree to be interviewed during the survey.

#### **Stage 4: Selection of respondents from sampled HSCT beneficiary households**

The household survey respondents were purposively selected. The respondents were the heads of HSCT beneficiary households, or their registered representatives (proxies) where this was the case. These are people with in-depth knowledge about the HSCT programme, and are in constant contact with the programme's officials, and the CPC focal persons on matters to do with the HSCT. For example, they go to pay-points every two months to collect cash transfers for their households. They interact with other beneficiaries. They are also people who are involved in making spending, investment, collective action and social networking decisions for their households.

The information about the heads of HSCT beneficiary households was available and accessible on request from the administrators of the HSCT MIS in the MOPSLSW.

#### **Stage 5: Selection of key informants**

Two methods were used to select key informants – purposive and snowballing. Snowball sampling was applied at community level through consultations with respondents from the HSCT beneficiary households during the course of administering the household survey; and consultations with WCPC members and local opinion leaders. A review of the HSCT programme's Manual of Operations; combined with consultations with

MOPSLSW and UNICEF, and the researcher's knowledge of the HSCT programme identified the following individuals as key informants for this study:

1. **District Social Services Officers.** Each district has one DSSO. They are accountable for the implementation of the HSCT programme at district level. They are involved in all aspects of the implementation of the programme from targeting to payments, and are present at pay-points to give the pre-disbursement speech to beneficiaries; monitor the payment process; and to respond to queries from beneficiaries and non-beneficiaries.
2. **Senior Social Welfare Officer** based at MOPSLSW headquarters. The Officer is a key informant on account of her role and participation in the design of the HSCT. In addition the position ensures effective implementation of the HSCT at national and district levels and to enhance coordination of various tasks required within the MOPSLSW and among key stakeholders including the payment delivery agent, NGOs and UNICEF.
3. **Child Protection Specialist responsible for the HSCT in UNICEF:** UNICEF staff members provide operational and technical assistance to the DSS for effective implementation of the HSCT programme. The views of UNICEF staff members were important in gaining useful insights into the design, implementation, management, and monitoring of the HSCT programme. The Child Protection Specialist in UNICEF is the point person for all HSCT programme and operational issues. He was a member of the HSCT's design team in 2010 and has since then been involved with the programme. In this regard, the Child Protection Specialist is purposively selected among UNICEF staff members as a key informant for the present study.
4. **Community leaders** are considered "gatekeepers of knowledge [who] facilitate the researchers' access to community-level information" (Krishna & Shrader 2002:25). Community leaders were drawn from local administrative and traditional authorities in the research sites. The community leaders are respondents with useful knowledge of social, economic, religious and cultural issues in their community settings.

They are well-versed with development projects in their areas; social organisation of their communities; trust issues; social norms, values and beliefs; information flows; community assets and services; use and control of community resources. Their roles and responsibilities including decisions they make or perspectives they give on particular phenomena have important implications for the dimensions and types of social capital found in their communities. The respondents included in this purposive sample were: village-heads and ward councillors. Some of the key functions of ward councillors and traditional leaders are highlighted below:

- a. **4 Ward councillors (administrative leaders).** Ward councillors are elected local representatives. They lead and champion the interests of their local communities and are expected to effectively represent the interests of the ward and its members. They are in regular contact with their communities on development issues. They are members of Ward Assemblies chaired by headmen in rural areas.
  - b. **Traditional leaders** – village-heads (applicable to Goromonzi as this is a rural district). Traditional authority in Zimbabwe is vested in chiefs, headmen and village heads. The responsibilities of chiefs and headmen include: promoting and upholding cultural values among members of their community; reservation of the family unit; overseeing collection of levies; rates and taxes payable in terms of the law within their areas of jurisdiction; management of community assets; preside over ward assemblies; and mediate in local disputes. Chiefs and headmen have considerable power over who resides in an area.
5. **Community shop/business operators near HSCT pay points:** Establishing the nature of the relationship between shop/business operators and HSCT beneficiaries provided useful insights into the linking dimension of social capital. In addition, it revealed important information about the level of trust between community members and business in the research wards. CT impact evaluations in the literature have largely evaluated the economic impacts of CTs on business

incomes with little attention paid to the social relations between business operators and CT beneficiaries. In this study two shop/business operators were purposively selected in each of the 2 research wards in Goromonzi district. Consideration was given to the type of business activity (agriculture, retailing, service for example grinding mill; production), degree of market linkage; how long the business has operated in the community; and the importance of the business/shop to the local community economy. The sample excluded business operators who were participants in the household survey. This was important for the study because in many communities in Zimbabwe, businesses are linked to families and households. The shop/business owners constituted key informants for the in-depth interviews with community businesses.

- a. The situation is different in Epworth. According to DSS and UNICEF, and also on the basis of the researcher's knowledge of the HSCT programme, there is only one pay point in Epworth catering for all the seven HSCT wards. The pay point is located at a school. There are no shops nearby. In addition the settlement is characterised by high informality. This meant that Epworth required a different approach to from Goromonzi district. Respondents in this category were informal traders operating within the neighbourhoods of HSCT beneficiaries in Epworth. The respondents were identified during the course of the household survey with the referral assistance of survey respondents, and consultations with WCPC members.

## **Stage 6: Selection of FGD participants**

1. **Respondents from non-beneficiary households in each of the HSCT wards that were selected for research:** These were Focus Group Discussions' (FGD) respondents from households that are ineligible to receive HSCT transfers. Each FGD had between 5-8 respondents. The selection of the FGD participants was done purposively because of the difficulty to find people who knew enough

about the HSCT programme to form informed perceptions. The study identified non-beneficiary respondents living within the proximity of HSCT beneficiaries. These people knew about the HSCT programme than non-beneficiaries living furthest from beneficiary households. The number of respondents in each FGD with non-beneficiaries aimed for gender balance. The respondents were adults from a non-beneficiary household, and who knew about the HSCT programme.

2. **Ward Child Protection Committee (WCPC) HSCT lead focal persons.** These were purposively selected because their role is important in the implementation structure of the HSCT at community level. They provide the direct link between the programme and beneficiaries. They are known to both beneficiaries and non-beneficiaries of the HSCT programme; assist in the community verification of targeting survey results; provide a channel through which programme information is passed on to beneficiaries; assist the incapacitated heads of beneficiary households to access cash; follow up when households have failed to access payments; inform the DSSO when the head of a beneficiary households has died or has relocated; inform the DSSO when a representative of a head of beneficiary household (proxy) has to be changed; and assist and protect child headed households. Within the broad membership of the WCPC there are on average 8 CPC members (HSCT focal persons) involved directly with the implementation of the HSCT. All the 8 members were selected for the FGD in each ward. Each FGD sought to achieve a gender balance in its group composition. The DSS assisted the research team to identify and locate WCPC HSCT focal persons for the FGDs.
3. **Local membership associations, clubs and social networks:** The FGDs with members of community associations and social networks were aimed at gaining understanding of the type of networks that enable people to access resources and collaborate to achieve individual and community goals in the research wards. In addition they were intended to understand the nature and extent of HSCT beneficiaries' participation in various types of informal and formal social

clubs, associations and networks at community level. Snowball sampling method was used to identify network respondents for the FGDs. The HSCT household survey instrument included questions on membership to community groups, associations and networks. The information about networks that HSCT beneficiaries belong to or knew about within their communities formed the basis for establishing formal and informal membership associations that exist within research communities. An estimation of the number of people in various associations and social networks was established through consultations with key informants and information from survey respondents. Once the numbers were known, a sample of respondents was drawn for the purposes of the FGDs.

#### **4.8 Data collection techniques and instruments**

The use of multiple sources of evidence converging on the same set of issues is necessary within the case study design. The strength of case study research is its capacity for utilising a broad scope of evidence: artefacts, documents, interviews, and observation making more inclusive than other research strategies. The choice of data collection methods depends on the research questions that a study seeks to answer. The selection also depends on the actual research situation and what will work most effectively in that situation to give the researcher the data that he/she needs (Puvanesvary *et al.* 2011:9). In this study quantitative and qualitative data were both considered relevant. The present study used key informant interviews; focus group discussions; field observations and photography; documentary review and analysis; case studies and the survey method to gather data.

##### **4.8.1 Review of documentary evidence**

The reviews of relevant literature, programme documents and existing cash transfer evaluations constituted sources of secondary data for this study.

Scott (1990:5) defines 'document' as "an artefact which has as its central feature an inscribed text". Documents take many forms and vary in their usefulness. They are invaluable in promoting wider understanding of social

phenomena as they provide us with a glimpse of the past that can influence the present and guide the future (Puvenesvary *et al.* 2011:83). Documents will constitute secondary data sources. When planning to use documents, a researcher asks: Who has the information? What part of it is needed? Where is it? When was it prepared? *How* will it be collected? (Hancock & Algozzine 2006:51).

Several types of documents were identified as useful for the present study. The main documents included but were not limited to the following: HSCT programme design documents including the manual of operations; previous cash transfer impact evaluation studies; social protection and social transfers policy documents; NAP for OVC III; HSCT progress reports; MIS HSCT pay schedules; MIS HSCT change management documents; programme monitoring reports; pay review cycle reports; independent programme verification reports; HSCT targeting survey reports; Community verification reports; and MIS HSCT beneficiary profile data. Information gaps which were identified during the review of documents were noted and used in the development of tools that were used during the collection of primary data in the field.

The limitations of document reviews were considered in this research. Some of the problems associated with documentary research included the extensiveness of documents, availability of documents and when to stop searching and start analysing the evidence and data from documents. Some documents were not available for legal and security reasons. For example, some government documents contained confidential information which was restricted to the public and were therefore not used (Puvenesvary *et al.* 2011:94). Internet sources vary greatly in quality and reliability. It was necessary to first determine the authenticity and legitimacy of an internet source before relying on information derived from that source. A researcher has to practice good judgement when considering which documents to use and how to ensure that the reliability and validity in analysing these documents are upheld.

#### **4.8.2 Key informant interviews**



Interviews are a common form of gathering information in case study designs. An interview is a data collection encounter which involves gathering of data through direct oral interaction between the interviewer and the interviewee. Interviews are interactional in nature because there is an exchange or sharing of roles, feelings, beliefs and information (data, fact and opinion) between the interviewer and interviewee (Puvenesvary *et al.* 2011:19). Interviewing is typically done in a face-to-face encounter and may also be conducted by telephone (Babbie 2010:274). Interviews of individuals or groups allow the researcher to attain rich, personalised information.

Interviews have a predetermined purpose. They are planned in advance and may be structured, semi-structured or unstructured. However, what is planned can be a fully scripted (structured interview) or half-scripted – questions only partially prepared in advance and will be improvised as the interview proceeds as in the case of semi-structured interviews (Puvenesvary *et al.* 2011:21). The type of interview structure or format to be employed in a research will depend on the research questions and the type of answers the researcher expects to receive from respondents. Semi-structured interviews are particularly well-suited for a case study research.

This study used in-depth semi-structured interview guides for key informants. Semi-structured interviews allow researchers to ask predetermined but flexibly worded questions. In addition use can be made of follow up questions to probe widely and deeply issues of interest to the researcher. In this way, semi-structured interviews create an environment where interviewees can freely and openly express themselves (Hancock & Algozzine 2006:40).

The key informant interviews took the form of face to face interviews containing thematic and sub-thematic questions designed to gain deeper insights into individual experiences with the HSCT programme, and individual perceptions on the effects of the HSCT programme on social relations, norms, networks, trust, collective action and other important dimensions of social capital. Key informant interviews with WCPC, community leaders and shop owners also allowed the research to explore past events and behaviours within the study communities before the introduction of the HSCT programme,

for example, how people related and treated each other. The key informant interview method was an invaluable tool for observing interviewees' non-verbal communication signals like pauses, physical appearance, facial expressions, gesture and postures.

In the present study, the key informant interviews were used to collect research information at two levels:

1. **Community level** –community leaders (ward councillors and village heads); community shop/business operators in Goromonzi, and informal traders in Epworth.
2. **HSCT programme level** – DSS officials with a direct and regular role in the implementation of the HSCT programme, and who have direct and regular contact with programme beneficiaries at different stages in the cycle of the HSCT programme for example, targeting, community verification, pay points, and during programme monitoring. The DSS officials identified as key informants in this study were: (1) District Social Services Officers; and (2) Senior Social Welfare Officer based at MOPSLSW's national office in Harare. The Child Protection Specialist at UNICEF was also a key informant for the study. The rationale for the selection of these interviewees as key informants for this study is explained in the preceding sections.

The advantages and limitations of key-informant interviews for this study are summarised below. They were drawn from the work of Puvenesvary *et al.* (2011:36-37).

- Interviews were suitable for use with respondents who are illiterate especially in the rural communities, and permitted clarification of questions on the spot. A review of the HSCT beneficiary profiles, and evidence from field monitoring reports showed that a majority of the household heads are elderly (>59yrs old) and some of them rely on proxies (representatives) to collect their bimonthly cash transfers. The choice of the interview method was therefore relevant and appropriate in this regard.

- Interviews permitted the researcher to obtain rich information from people of diverse backgrounds, who had particular perspectives relevant to the present study: community members and HSCT programme officials.
- Key informant interviews were useful for triangulating information provided in the focus group discussions with WCPC focal members, and membership groups and networks.
- Interviews are a flexible data collection technique and allowed for greater insights and depths into learning about the effects of the HSCT programme on various dimensions of social capital in research communities.
- They presented opportunities to capture both the verbal and non-verbal messages in a face-to-face interaction. The research observed non-verbal cues from interviewees, and even used that information to probe appropriately.

The limitations of key informant interviews included the following:

- Interviews addressed the experiences and perceptions of a small group of people;
- While interviews yielded significant amounts of information from an individual's perspective, they were time-consuming to conduct, transcribe and analyse data;
- The interviews in some cases self-censored information that was too personal or controversial;
- Interpretation of results was left to the researcher and therefore prone to potential biases.

#### **4.8.3 Focus group discussions**

The focus group is a group interview data gathering method and is essentially a qualitative technique (Babbie 2010:322). The focus group is also known as focused interview and group depth interviews and it is conducted by a moderator. It is called “focused” because of the pattern of questioning. During the interview, the moderator would start asking questions at a broad and general level, and then gradually proceed to core specific questions

(Puvenesvary *et al.* 2011:46). According to Vaughn *et al.* (1996) cited by Puvenesvary *et al.* (2011:46), focus groups are best used when conducting exploratory research. Babbie (2010:323) supports this notion by advancing the view that the purpose of studies using focus groups is to explore rather than to describe and explain in any definitive sense. Participants in focus groups are not likely to be chosen through rigorous probability sampling methods. This means that the participants do not statistically represent any meaningful population. They do not generate quantitative information that can be projected to a larger population.

The size of focus group is important. The group in a focus group interview is small, 6 to 12 members, and is relatively homogeneous. The more complex the issue under discussion, the more prudent it is to have a smaller group, such as five to seven participants. Literature has diverse views regarding the ideal size of the focus group. Babbie (2010:322) suggests 5 to 15 participant members. Morgan (as cited in McCandless & Bangura 2007:190) recommends 8 to 10.

Key characteristics of focus groups include:

- The group is an informal assembly of target persons whose points of view are requested to address a selected topic;
- The goal of focus group interviews is to elicit perceptions, feelings, attitudes, ideas of participants, socio-cultural characteristics about a selected topic;
- Focus groups are guided or unguided interviews designed to address particular issues or topics; and
- A trained moderator with prepared questions and probes sets the stage and induces participants' responses. The participants are free to talk with those in the group.

In this study, focus group discussions were conducted in order to capture community members' perceptions, feelings, and attitudes towards the HSCT programme; its perceived effects on social relations, social networks, community membership associations and groups, trust, and collective action.

For the purpose of this study focus group discussions were done with the following participants:

1. Adult respondents from households that are ineligible to receive HSCT transfers (non-beneficiaries) staying within a radius of one kilometre from beneficiary households.
2. WCPC HSCT focal persons
3. Members of social networks, and clubs and associations in the research wards.

Vaughn *et al.* (1996) cited in Puvenesvary *et al.* (2011:48) suggests that homogeneous participants usually lead to successful focus group discussions as compared to heterogeneous participants because they share similar characteristics that have been predetermined. Homogeneity was in the form of ineligibility into the HSCT programme; WCPC membership and HSCT roles; and network membership.

In planning what to ask the participants in focus groups, the study used the questioning route approach. A questioning route is a sequence of questions in the form of complete sentences. Some of the advantages of the questioning route are: it can increase one's confidence, produce efficient analysis and increase consistency (Puvenesvary *et al.* 2011:49).

Each focus group had a moderator and an observer. The moderator facilitated discussions and the observer took notes on the content of discussions, the groups' social dynamic processes and composition of the groups.

There were several advantages of using focus groups in this study. Among them, according to Puvenesvary *et al.* (2011); Babbie 2010; Neuman (2007); McCandless and Bangura (2007); and Adato (2000) are the following:

- Various dimensions of social capital came into play and could be observed during FGDs, for example, how participants reacted to each other's responses. In addition trust and social norms aspects of social capital were in some cases evident in FGD settings.

- Opinions are dynamic, and individuals' comments triggered recollections and opinions of other group members in some cases.
- Based on evidence from the literature on social capital, collective action and solidarity cases could be successfully probed through FGDs. Krishna and Shrader (2002:26) found it useful to use FGDs to discuss case studies of collective action and solidarity. They assert that FGDs could be used to probe specific instances of cases in which the community worked collectively to resolve an issue, whether or not the outcome was positive.
- Focus groups offered opportunities for direct contact with a range of important stakeholders for the study: ineligible households; men; women; youth; and elderly. Each group's perspectives provided valuable insights into the different social effects of the HSCT programme in the study communities.
- The format allowed the moderator to probe key issues, elicit comments from all participants and to focus the discussion on issues of interest;
- The focus group method provided the means to collect data in a one-off situation making it useful for engaging highly mobile groups.
- Focus groups enabled researchers to capture real life data in a social environment;
- Focus groups were low cost and time-efficient, as more individuals were interviewed at a lower cost and in less time than through individual interviews.
- In some cases, participants queried one another and explained their answers to each other.

Besides the advantages highlighted above, focus group interviews also have some limitations. Among them, according to Babbie (2010:323); Neuman (2007:301); Puvenesvary *et al.* (2011:52) and Adato (2000) are the following:

- The researcher had limited control in the focus group method as compared to the individual interview;
- The technique required carefully trained interviewers and moderators;

- In some cases, some individuals were less inclined to speak out due to social dynamics within the group; and
- Focus groups rarely reported all the details of the study.

#### **4.8.4 Survey**

Surveys are quantitative research methods. The key feature of survey research is the systematic collection of data in a standardised form from a relatively large population. Survey research samples usually have many respondents who answer the same questions. It is probably the best method available to the social researcher who is interested in collecting original and primary data for describing a population too large to observe directly (Babbie 2010:254). The researcher asks people questions in a written questionnaire, mailed, handed to people or during an interview and then records answers (Neuman 2007:20). Surveys produce information that is inherently statistical in nature typically summarising answers to questions in percentages, tables or graphs. Surveys give the researcher a picture of what many think or report doing. It seeks to measure people's self-reported attitudes, beliefs or behaviours. Other categories of issues that can be asked in a survey include orientations in a large population, characteristics, expectations, self-classification and knowledge issues (Neuman 2007:167). Surveys produce generalised findings about a population and can either be cross-sectional or conducted over a period of time (McCandless & Bangura 2007:160). According to Babbie (2010:254), surveys may be used for descriptive, explanatory or exploratory purposes.

Surveys include the use of a survey questionnaire, defined by Babbie (2010:255) as: "an instrument specifically designed to elicit information that will be used for analysis." In creating survey questionnaires, options include using questions or statements and choosing open-ended or closed-ended questions. Open-ended questions ask questions to which respondents can give any answer, for example, "What is your favourite radio programme?" A closed-ended question both asks a question and gives the respondent fixed responses from which to choose, for example, "Is the national soccer team captain doing a good job, good, fair, or poor job, in your opinion?" (Neuman

2007:177). Each form has advantages and disadvantages. Closed-ended questions are popular in survey research because they provide a greater uniformity of responses and are more easily processed than open-ended questions.

The present study used the household survey method in each of the four research wards. The household survey was the main instrument used in this study. Survey respondents were the heads of HSCT beneficiary households or their representatives (proxies) where appropriate. Sixty-two (62) HSCT households were surveyed in Epworth district and 92 in Goromonzi district bringing the total number of respondents in the survey to 154. The sampling procedure for the beneficiary households and respondents from the selected households was presented in a preceding section.

The household survey method was considered appropriate for this study because of the following factors: (1) There are many precedents of empirical studies in the social cash transfer and social capital literature that used the survey data collection method. (2) Survey methods generate data about individual perceptions, values, beliefs and attitudes. (3) HSCT beneficiary households are the channels through which cash is introduced into the community. (4) Households are useful pathways for assessing the effects of the HSCT on social capital at individual and community levels.

The household survey contained questions on a range of useful variables: (a) house characteristics; (b) demographic profile of HSCT beneficiary households; (c) design and operational features of the HSCT; (d) structural and cognitive dimensions of social capital; (e) types of social capital; and (f) Crime information. In this regard, the survey method was particularly relevant for gathering data to address most of this study's objectives. In generating quantitative data on various dimensions of social capital, the study developed new questions and adapted some of the standard survey questions from the integrated questionnaire for the measurement of social capital suggested by Grootaert, Narayan, Jones and Woolcock (2004). Additional questions were adapted from the social capital assessment tool developed by Grootaert and Van Basterlaer (2002). With respect to the data on the design and



implementation features of the HSCT, the study developed a core set of questions and adapted some of the questions from instruments developed and used by The Transfer Project (2016) in other countries. Data collected on additional variables was useful for triangulation with data collected through field observations, photography, in-depth interviews and FGDs.

The study mixed open-ended and closed-ended questions in the survey questionnaire. This approach helped to reduce the disadvantages of either question forms. Periodic probes with open and closed-ended questions helped reveal respondents' reasoning. The type of survey used in this study was the administered questionnaire survey in which the researcher asked questions directly to respondents in an interview setting, and then recorded their answers.

There were many advantages of using the survey method in this study. Among them (Babbie 2010; Neuman 2007; and McCandless & Bangura 2007) are:

- The study was exploratory and descriptive in purpose. The survey method was especially appropriate for the descriptive aspects of the research design and was used for exploratory purposes as well. The survey data generated useful causal inferences by a careful comparison of characteristics of cases;
- The survey was an important source of socio-economic data in the two study sites;
- In contrast to a laboratory setting, the survey method benefitted from a real world assessment of the households selected for the study;
- Standard data was collected from all the sampled households, making it easier to process the collected data;
- Questions on many variables about the research topic were asked giving the researcher considerable flexibility in analysis of the data;
- The household survey instrument collected individual level data on members of the HSCT household as well as household level characteristics;

- The survey method gathered extensive data on beneficiaries' perceptions and experiences with the HSCT for example: targeting, eligibility criteria, payment collection points, transfer size, complementary services, grievance mechanisms, frequency and predictability of payments.
- The household survey method captured data on a range of useful dimensions and types of social capital for example; friendships; social networks; trust; collective action; norms of reciprocity; happiness; social relations; bonding, bridging and linking forms of social capital.

Surveys also have limitations. Below are some of the weaknesses drawn from Babbie (2010), Neuman (2007) and McCandless and Bangura (2007):

- Using surveys to gain a full sense of social processes in their natural settings is difficult. In general survey research is comparatively weak on validity and strong on reliability;
- Surveys provide data of only what a person or organisation says, and this may differ from real practice. In this regard survey responses may have little connection to the actual reality;
- Respondents can feel obligated to answer questions in a way that puts them in good light either by skewing their answers or responding to topics about which they have little knowledge; and
- In extreme cases households interviewed first may influence responses of those not yet interviewed either or to refuse the survey altogether.

#### **4.8.5 Field observations and photography**

The observation method is a qualitative technique of data collection and a frequent source of information in case study research (Hancock & Algozzine 2006:46). It is concerned with watching, systematically investigating and involves making judgements about what is seen. The observation method can be used in experimental and exploratory studies and can also be used for several other purposes either as a primary method of data collection or as a supportive or supplementary technique (Puvanesvary *et al.* 2011:55). Observation generates richly detailed descriptions of what people do, with

whom and how often. Data is written down as field notes and expanded later. There are no rigid criteria for observation and this allows researcher to gain a nuanced understanding of the physical, social, economic, and cultural contexts in which study participants live, including social norms and taboos.

Observations in this study were undertaken overtly (when subjects are aware that they are being observed). This was done to avoid raising ethical issues in the study. In addition, this approach made it possible to take field notes. The researcher made use of a checklist or observation guide for aspects of behaviours and events that will be recorded.

The researcher observed the following events linked to the HSCT programme:

- Programme settings – physical, economic, social and cultural environments of participant communities in Epworth and Goromonzi districts;
- HSCT beneficiary household settings;
- The locations of HSCT payment collection points, and the operational processes involved in the delivery of cash
- The nature of interactions between HSCT programme officials and HSCT beneficiaries particularly how the HSCT programme officials treat beneficiaries at payment points
- The interactions between HSCT beneficiaries at payment points
- The interactions between HSCT focal persons and programme officials

Photography is a useful technique in exploring socio-economic, physical and cultural aspects of a society. This technique complemented the field observation method. Photography served two key purposes: (1) to aid recollection of events, places and respondents encountered during the course of research, and (2) aid the construction of cases. Permission was sought on all occasions where photographs were taken.

In this study information collected using the observation and photography methods complemented information obtained through other primary methods such as the household survey, key informant interviews and focus group discussions. In this regard, data from field observations was used to validate

or corroborate the information obtained through use of other methods (Puvenesvary *et al.* 2011:56).

#### **4.8.6 Case studies and life histories of selected HSCT recipients**

The case studies and life histories were intended to provide an in-depth account of respondents' lives before and after they were enrolled on to the HSCT programme as beneficiaries. The purpose was to enable selected interviewees to recover experiences across periods and to better understand the social effects of the HSCT on individual respondents' lives and livelihoods. The life histories were used in this study as complementary qualitative data collection methods. The interviewees for the case studies were identified and selected during the course of administering the household survey questionnaire. The selection was done purposefully to include the following household categories: female-headed, male-headed and a polygamous household. An in-depth unstructured interview guide was used in collecting life history information. The in-depth unstructured interview was appropriate because it allowed for collection of rich personalised information, and use of probes.

The study recorded one case study of a non-beneficiary woman who is the second wife in a polygamous marriage in Goromonzi's ward 4. This was an opportunistic encounter as the focus of the survey was on the first wife who is a registered HSCT beneficiary and had been randomly selected as a respondent. Through this case study, the research gained useful insights into how the HSCT affects inter-household social relations in a polygamous marriage.

#### **4.8.7 Recruitment and training of research assistants**

The principal researcher recruited three (3) research assistants to help administer the survey questionnaires, assist with photography, recording and note-taking during the focus group discussions in the four research wards. The research assistants also provided support to the data capturing process.

The research assistants were recruited from unemployed graduates. They attended a three-day classroom training covering key topics including: topic of investigation; the study's aims and objectives; roles and responsibilities; data collection methods; effective interviewing techniques; ethics of research including confidentiality and privacy; and data capturing. The training of research assistants was important for ensuring the quality of data collected; reducing respondent burden and preserving the confidentiality of data collected. The field work experience was an opportunity to enhance their research skills. Some of them may in future develop ideas for their own dissertation topics on the basis of the knowledge, skills and experience they gained in this study. This is a useful indicator which would demonstrate the usefulness of their participation in this study.

#### **4.8.8 Pre-testing of data collection instruments**

According to Maxwell (1998) cited in Mayanga (2008:54), researchers could pre-test their data collection instruments in order to familiarise themselves with the data collection exercise and to help the researcher to better understand the topic of investigation. For example, the survey questionnaire can be piloted-tested with a small set of respondents similar to those in the final survey. The semi-structured interview schedule can be pilot-tested. The researcher will ask respondents in the pilot test whether the questions were clear, and explore their interpretations to see if the intended meaning was clear. Translation of instruments will take in to account cultural backgrounds of respondents and interviewees. Swartz (1998:210) makes the point that translation of instruments requires finding out whether the meanings researchers attach to instruments are the same for respondents. All the data collection instruments in this study were pre-tested in two HSCT programme wards (one in Goromonzi district and one in Epworth settlement) which were not part of the study. The pre-test subjects were drawn from people to whom the data collection instruments are relevant. After the pilot tests of instruments, there were adjustments made to the survey questionnaire to remove ambiguity in some of the questions. In addition, there were adjustments to the sequencing of some questions.

## 4.9 Data analysis

Analysis of data in a research study involves summarising the mass of data collected and presenting the results in a way that communicates the most important features (Hancock 1998:16). A detailed analysis of data ensures that readers are able to replicate a study independently if they want to. Walcott (1990) cited in Puvenesvary *et al.* (2011:122) states that researchers must avoid using unclear language; making sweeping generalisations; repeating similar ideas and giving insufficient details during the process of analysing collected data. Other researchers such as Blaxter *et al.* (1999) cited in Puvenesvary *et al.* (2011) argue that data analysis is affected by two basic issues that need to be considered:

1. The conditions under which data have been collected; and
2. Where, and with what facilities, the researcher is able to analyse the data.

A distinction is made in literature between qualitative and quantitative analyses.

Babbie (2010:394) defines qualitative analysis as “the non-numerical examination and interpretation of observations, for the purpose of discovering underlying meanings and patterns of relationships.” This is consistent with the definition put forward by (Neuman 2007:335) that “data analysis means a search for patterns in data – recurrent behaviours, objects or a body of knowledge.” Once a pattern is identified, it is interpreted in terms of a social theory or the setting in which it occurred. Qualitative data analysis is less standardised. Qualitative researchers look for patterns or relationships, but they begin data analysis early in a study, while they are still collecting data. The results of early data analysis guide subsequent data collection. Thus, data analysis in qualitative research is less a distinct final stage of research than a dimension of research that stretches across all stages (Neuman 2007:329). For the relationship between data and social theory, qualitative researchers create new concepts and theory by blending together empirical evidence and abstract concepts. Qualitative analysis does not draw on a

large, well established body of formal knowledge from mathematics and statistics. The data are in the form of words, which are relatively imprecise, diffuse and context-based, and can have more than one meaning.

The wide variety of data collection methods in qualitative research is matched by the many approaches or techniques to data analysis. Onwuegbuzie and Leech (2006) cited in Muboko (2011:138) describe many qualitative data analyses techniques such as: constant comparison; key words in context; word count; classical content analysis; cross case analysis; and domain analysis. Babbie (2010:394-399) describes qualitative data analysis techniques such as, discovering patterns; grounded theory method; semiotics and conversation analysis. Neuman (2007:335) outline four strategies researcher use in analysing qualitative data: the narrative, ideal types, successive approximation, and the illustrative method. Onwuegbuzie and Leech (2006) cited in Muboko (2011:138) concede that it is impossible to match research questions to their most appropriate analysis techniques because the same research questions can be analysed in multiple qualitative ways. "Hence, they recommended researchers to analyse their data using at least two procedures in order to triangulate findings and interpretations" (ibid.).

A key process in the analysis of qualitative data is coding. A researcher codes by organising the raw data into conceptual categories and creates themes or concepts. Coding encourages higher level thinking about the data and moves a researcher toward theoretical generalisations. Three common processes of coding; open coding, axial coding and selective coding; are discussed in the qualitative data analysis literature.

#### **4.9.1 Quantitative data analysis**

Babbie (2010:422) defines quantitative data analysis as "the numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena that those observations reflect." Quantitative researchers choose from a specialised, standardised set of data analysis techniques. Quantitative analysis is highly developed and builds on applied

mathematics (Neuman 2007:329). Quantitative analysis is almost always handled by computer programmes such as SPSS and MicroCase to generate tables, graphs and charts to analyse and present numerical data. To conduct a quantitative analysis, researchers must often engage in a coding process after the data have been collected. Coding is defined by Neuman (2007:362) as “the process of converting raw information or data in to another form for analysis, and in quantitative data analysis, it is a means for assigning numbers.” For example, open-ended questionnaire items result in non-numerical responses, which need to be coded before analysis. The key features that distinguish quantitative analysis from qualitative research are that: quantitative researchers do not begin data analysis until they have collected all of the data and condensed them into numbers. The numbers are then manipulated to see patterns or relationships. Quantitative researchers manipulate numbers that represent empirical facts to test theoretical hypotheses. In addition, quantitative researchers assume that social life can be represented by using numbers. When they manipulate the numbers according to the laws of statistics, the numbers reveal features of social life.

There are three forms of quantitative data analysis: univariate analysis, which involves describing a case in terms of a single variable, for example, if gender were measured in a study, a researcher would look at how many of the subjects were men and how many were women; bivariate analysis is the analysis of two variables simultaneously for the purpose of determining the empirical relationship between them, for example, computation of a simple correlation coefficient; and multivariate analysis which looks at simultaneous relationships among several variables for example examining the effects of age, gender, and social class on religion.

#### **4.9.2 Data processing and analysis for this study**

The data collected during this study was mainly quantitative from the survey questionnaires. A sizeable part of the study was qualitative with information obtained through in-depth interviews with key informants, documentary evidence, focus group discussions, field observations, case study notes, and photography. The data were processed and analysed as described below.



## **Quantitative data**

The survey questionnaires were numbered. This enabled the researcher to easily track the processing of every questionnaire. Data capturing screens were developed using the Census and Survey Processing System (CSPro) software. The CSPro is a specialised data capturing software package that combines the features of Integrated Microcomputer Processing System (IMPS) and the Integrated System for Survey Analysis (ISSA) in a single windows environment. The CSPro enabled the primary investigator to easily monitor and control the data capturing process in this situation where multiple data capturers were used.

The three research assistants were trained on how to capture data using the CSPro software. Double data entry was used and all entries were checked against the original questionnaires in order to ensure accuracy. Once the data from all questionnaires was captured, the data file was exported to SPSS for statistical analysis. Standard data cleaning techniques were implemented for example, confirming all missing values against original questionnaires, checking for data integrity and cross-checking outliers on individual variables. The clean data file was then used for interpretation and analysis. During data analysis pie charts, bar charts, frequency and percentage tables and cross-tabulations were generated using SPSS version 22.

Cross-tabulations were performed on the data using the demographic variables for example gender, household size, age groups, districts, and in few cases wards. Where it was considered appropriate to analyse data further, cross-tabulations were also done using transfer sizes. The data were presented in the form of tables and graphs. Quantitative data interpretation was triangulated with the qualitative data in situations where this was deemed feasible and appropriate.

## **Qualitative data**

Qualitative data, in the form of transcripts produced from audio-recordings made during FGDs and in-depth interviews were analysed using the content analysis procedure to identify key themes that emerged from the data, guided

by the research objectives and questions under investigation in this research. The use of content analysis permitted the researcher to identify core themes and nodes from the data, allowing the researcher to proceed from the particular to the general. Additionally, and in many cases specific quotes which were relevant for providing deeper insights into the patterns observed from both qualitative and quantitative data were extracted and are included in the results chapter findings section of this thesis.

The tape-recorded sessions of the focus group discussions, in-depth interviews with national and community level stakeholders were transcribed. Moderators' oral summaries from focus group interviews and discussions from the debriefing of the moderator team were taken into account in analysing focus group interviews. The qualitative processes of identifying the main ideas, categories and themes were done and the significant themes were distinguished from the less significant ones. The analysis of the focus group discussions involved moderators, and observers, that is, more than one analyst. Where appropriate, focus group interview data were correlated with data from other methods and also combined with relevant quantitative data.

Data collected using the interview method was voluminous and measures were taken to manage the data collected before analysis began. The data was organised first by ensuring that interview transcripts were complete responses and grouping responses according to their specific questions.

Field notes, based on observations during fieldwork were also used to gain a deeper understanding of the contextual issues emerging from the study.

#### **4.10 Ethical considerations**

This study ensured that there was no violation of ethical principles by strictly adhering to legal and ethical requirements for all research involving people. The researcher asked for ethical review feedback from respected colleagues and peers. The following sections summarise the ethical issues that were observed in this study.

In relation to the **interview method** of data collection, the following ethical principles were considered: informed consent, privacy, anonymity and confidentiality, do no harm and consequences.

**Informed consent** is a fundamental ethical principle in social research. People need to know what they are being asked to participate in so that they can make an informed decision. Before each interview, the interviewer provided a brief description of the purpose and procedure of the research, including the expected duration of the study; a statement of any risks or discomfort associated with participation; a guarantee of anonymity and the confidentiality of records; a statement that participation is completely voluntary and can be terminated at any time without penalty; the identification of the researcher, debriefing by the researcher after the research has ended, and an offer to provide a summary of the findings (Neuman 2007:55). Participants were made aware of their rights and what they were getting involved in when they read and signed a statement giving informed consent. The interviewers got written informed consent from interviewees before each interview was started. However, in some cases, and depending on the preference of beneficiaries after explaining the research purpose, context and procedure, verbal instead of written consent was used. The research complied with interview consenting based on the laws of Zimbabwe and conformed to international best practice of research ethics.

The study **protected people's privacy** by not disclosing a participant's identity after information was gathered. This took two forms, both of which required separating an individual's identity from his or her responses: Anonymity means people remained anonymous or nameless. This was achieved in this study as neither the researchers nor the readers of the findings can identify a given response with a given respondent (Babbie 2010:67). **Confidentiality** can include information with participant names attached, but the researcher holds it in confidence or keeps it secret from public disclosure. Fictitious names were used and sometimes changes to the interviewees' characteristics ought to be made when publishing the results in order to protect the individuals' privacy. Thus, according to Babbie (2010:67),

a research guarantees confidentiality when the researcher can identify a given person's response but promises not to do so publicly. Confidentiality is important as it can sometimes protect research participants from legal or physical harm. Anonymity and confidentiality usually go together. Anonymity without confidentiality occurs if all details about a specific individual are made public, but the individual's name is withheld. Confidentiality without anonymity occurs if detailed information is not made public, but a researcher privately links individual names to specific responses (Neuman 2007:58).

Mary Anderson (1999) cited in McCandless and Bangura (2007:131), articulates well the principle of **do no harm**, which refers to how research projects can unintentionally produce negative outcomes, while trying to do good. In this study, the do no harm principle was about being careful not to reveal information that would embarrass participants or endanger their home and community lives, friendships, jobs et cetera. This meant looking for the subtlest dangers that could have made subjects feel at least uncomfortable, and guard against them.

The ethical issues that were considered when using focus group discussions are similar to the ethical issues in relation to interviews.

Major ethical issues in survey research included voluntary participation by respondents, and the potential invasion of privacy. Respondents could agree to answer questions and could refuse to participate any time. The survey component of this study depended very much on respondents' voluntary cooperation. Thus, the survey asked well-developed questions in a sensitive way and treated respondents with respect and guaranteed confidentiality. Because surveys are popular research methods, some people use surveys to mislead others. Another ethical issue in surveys is when people misuse survey results or use poorly designed or purposely rigged surveys. The present research guarded against this by conducting a methodologically rigorous survey research (Neuman 2007:197).

All respondents at all times during the data collection process, were reminded that their participation remained voluntary and that they had a right of refusal

to answer some or all of the questions without any negative consequences. During the interview process with respondents, it was necessary for the researcher to identify and respond to any adverse effects. A decision guide for detecting adverse events or potential risk had been prepared. The purpose of the guide was to outline appropriate responses to potential risks. The best the researcher was prepared to do, if it became necessary, in situations of potential adverse effects was to provide an appropriate referral to counselling service providers.

The observation method of data collection is one in which the researcher is considered as a 'data-gathering instrument'. The main ethical issues considered in observations were: intrusion given the researcher's potential substantial presence in the lives of the subjects; secrecy; deception; and responsibility to participants. According to Adler and Adler (1998) cited in Puvenesvary *et al.* (2011:62), the midpoint of the roles of researcher as an observer is to balance involvement with detachment, familiarity with strangeness, and closeness with distance.

#### **4.11 Summary**

This chapter addressed the research design and methodology for this study. It presented the research paradigm, distinguished between quantitative and qualitative research approaches, outlined the study population, sampling procedures, data collection methods and instruments, data analysis methods and discussed ethical considerations. The research design for this study is an exploratory and descriptive case study located within the interpretivist research paradigm with some phenomenological aspects. The next chapter presents the results obtained from field work and secondary data.

## **CHAPTER 5:**

### **RESULTS – PRESENTATION AND INTERPRETATION**

#### **5.1 Introduction**

This chapter is a detailed presentation of findings obtained from primary and secondary data sources. The study is based on a mixed-methods design. The use of a mixed-methods approach provided a basis for a comprehensive analysis and insights into the social effects of the HSCT, and served as a means of triangulating the study's findings. Quantitative data comes from the HSCT beneficiary household survey, while qualitative data are generated from in-depth interviews, focus group discussions, field observations, case studies, and an extensive desk review of relevant documents. The study was intended to investigate the role of an unconditional cash transfer scheme, in strengthening or weakening social capital in a rural, and a peri-urban setting in Zimbabwe.

The results are organised into themes and sub-themes and are presented under a number of sub-sections that are linked to the research objectives questions outlined in chapter one. Findings are primarily from the two district cases of Epworth and Goromonzi, and are combined with evidence from other sources as highlighted above to provide rich contextual information and useful insights into the effects of the HSCT on social capital. Results generated through qualitative data are in many cases integrated with relevant parts of the findings generated from quantitative data. However, in fewer cases, some of the findings from qualitative research are separately reported on.

The chapter begins by providing sample profiles of the study's respondents. This is followed by a presentation of findings on the demographic characteristics of the HSCT's beneficiary households that participated in the study. Then the findings which respond to the research objectives are presented and interpreted. The results are presented in the form of text, figures, tables, case studies, quotes, and pictures. The results reflect the

perceptions, views, experiences, attitudes and practices of respondents in study areas.

## 5.2 Sample description

The profile of respondents plays an important role in providing information that contributes to answering research questions. A total of 217 respondents were interviewed. Sixty-four percent (64%) of them are female and thirty-six percent (36%) are male respondents. In all cases respondents were adults. Of the 217 respondents, 154 (71%) were HSCT household survey respondents. A detailed analysis of the demographic characteristics of the HSCT households that participated in the survey is presented separately in a following sub-section. Table 5.1 below shows the stakeholders and districts; corresponding data collection methods used; and number and sex disaggregation of the respondents who participated in the qualitative component of the study.

**Table 5.1: Samples of respondents included in Key Informant Interviews and Focus Group Discussions**

Organisation/Government Department/District	Data gathering method and number covered	Respondents, number covered and sex disaggregation
Ministry of Public Service, Labour and Social Welfare	Key Informant Interview (1)	Senior Social Welfare Officer: national level. (1 Female)
UNICEF	Key Informant Interview (1)	Social Protection Specialist: national level. (1 Male)
Epworth district	Key Informant Interviews (2)	Ward 1 Councillor (1 Female) Ward 5 Councillor (1 Female)
	Focus Group Discussions (4)	Ward 1: 6 non-beneficiaries (3 Females & 3 Males) Ward 5: 9 non-beneficiaries (6 Females & 3 Males)
		Ward 1: 6 HSCT community focal persons (4 Females & 2 Males) Ward 5: 7 HSCT community focal persons (4 Females & 3 Male)
Goromonzi district	Key Informant Interviews (4)	Ward 4 Councillor (1 Male) Ward 15 Councillor (1 male)

Organisation/Government Department/District	Data gathering method and number covered	Respondents, number covered and sex disaggregation
		Ward 4: Muta Village Head (1 Male)
		Ward 4: Chitate Village Head (1 Male)
	Focus Group Discussions (4)	Ward 15: Mareke Village Head (1 Male)
		Ward 15: Mandaza Village Head (1 Male)
		Ward 4: 6 non-beneficiaries (3 Females & 3 Males)
		Ward 15: 6 non-beneficiaries (4 Females & 2 Males)
		Ward 4: 8 HSCT community focal persons (4 Females & 4 Males)
		Ward 15: 6 HSCT community focal persons (3 Females & 3 Males)

It is evident from Table 5.1 that a majority of the interviewees were female. The HSCT focal persons are the frontline volunteers who support the implementation of the HSCT at community level. Most (56%) of the HSCT focal persons who participated in the FGDs were women in their mid-forties to mid-sixties. While the gender representation of HSCT focal persons in the two study wards in Goromonzi was 50:50, the gender profile of HSCT focal persons at district levels is skewed towards more females, and this suggests that women are the face of community volunteer work in the selected study sites. One woman in an FGD in Goromonzi's ward 4 said: "Typically, we have more women participating in community support activities than men in our communities since time immemorial. While it is predominantly a gender division of labour issue, community support work involves considerable volunteer time which most men do not have." The evidence from the FGDs with the focal persons in both districts confirmed that men's interest in doing voluntary community work is limited as they prefer paid work or activities that generate income which they use to support their families.

Ward councillors are influential positions of authority in local community governance. Notable is the fact that in the two selected wards in Epworth



district, the Ward Councillors were women. Thus, in the two selected wards in Epworth, the two women participate in decision-making at community level, a feature which is non-existent in the two selected wards in Goromonzi as all the councillors there were men. However, the study found no evidence to suggest that this gender differentiation in community leadership had any social effects on the HSCT in both Epworth and Goromonzi study sites.

The formal structures of traditional power (chiefs, headmen and village heads) in Zimbabwe are male-dominated. Village heads are appointed on the basis of custom which is governed by hereditary. Patriarchy is a central feature in deciding traditional leadership succession in Zimbabwe. Unsurprisingly all four village heads in the study sample are males.

The interviewees who were selected for the qualitative component of the study were knowledgeable and informed individuals about the topic under investigation. They represented a diverse stakeholder base, and provided useful information and insights about their experiences, perceptions, practices, processes and trends of the study issues and settings. Respondents had been directly or indirectly associated with the HSCT, or at the least knew about the HSCT and other social protection interventions in their communities.

### **5.3 Demographic characteristics of HSCT households surveyed**

This section presents demographic information on HSCT beneficiary households' members such as sex disaggregation, age, education levels, marital status, and dwelling characteristics. In all, data from 154 survey respondents in the two study districts were analysed. The survey respondents were heads of HSCT beneficiary households. The survey contains individual and household-level variables.

Table 5.2 below shows the fieldwork sampling of the household survey respondents by selected province, district, ward, and by sex disaggregation.

**Table 5.2: Field work sampling of respondents by province, district, ward, and sex disaggregation**

Province	District	Ward	Number of male respondents	Number of female respondents	Total number of respondents
Harare	Epworth	1	9	22	31
		5	10	21	31
<b>Sub total</b>			<b>19</b>	<b>43</b>	<b>62</b>
Mashonaland East	Goromonzi	4	21	39	60
		15	9	23	32
<b>Sub total</b>			<b>30</b>	<b>62</b>	<b>92</b>
<b>Grand total</b>					<b>154</b>

Table 5.2 shows that 68% of the household survey respondents were females while 32% were males. In all, Goromonzi district had a higher number of respondents than Epworth district. This is consistent with national beneficiary profile data from the HSCT MIS which shows high numbers of HSCT beneficiaries in rural than in urban districts. Two main factors help explain this situation. Extreme poverty is relatively low in urban areas compared to rural areas in Zimbabwe. Goromonzi is a bigger district than Epworth by land and population size.

### 5.3.1 Marital status of household survey respondents

The details of the marital status of the heads of every household that participated in the household survey are presented in table 5.3 below.

**Table 5.3: Marital status of the heads of HSCT households in the sample**

	Ward Number	Married	Divorced/Separated	Widow/widower	Total
Epworth	1	13.6%	5.6%	26.7%	31
	5	23.7%	38.9%	13.3%	31
Goromonzi	4	42.4%	38.9%	37.3%	60
	15	20.3%	16.7%	22.7%	32
<b>Total</b>		<b>59</b>	<b>18</b>	<b>75</b>	<b>154</b>

Table 5.3 shows that about 49% of heads in HSCT households were widows or widowers, 38% were married and the remaining 12% were divorced or separated.

### 5.3.2 Structure of HSCT beneficiary households

The table below shows data on several variables observed for the HSCT beneficiary households in the sample. Table 5.4 shows the structure of the HSCT beneficiary households. The demographic characteristics shown in table 5.4 indicate a profile similar to the national profile of all HSCT beneficiary households. HSCT beneficiary households in the sample are mostly headed by elderly people (69%). Most HSCT household heads are women (60%), mainly widows. Eighty percent of the HSCT households include children between in the 0-17 age range. According to the MOPSLSW (2016a), nationally, 63% of all HSCT beneficiary households are headed women, 65% are headed by elderly, and 78% include children most of whom are orphans.

**Table 5.4: Structure of HSCT households in study sample**

			HSCT beneficiary households		
District	Ward	Households surveyed	No of HHs headed by Elderly (60+)	No of HHs headed by Women	No of HHs with children (0-17)
Epworth	1	31	23 (74%)	20 (87%)	24 (77%)
	5	31	21 (68%)	20 (65%)	21 (68%)
Goromonzi	4	60	41 (68%)	33 (55%)	53 (88%)
	15	32	21 (66%)	20 (63%)	25 (78%)
<b>Totals</b>		<b>154</b>	<b>106 (69%)</b>	<b>93 (60%)</b>	<b>123 (80%)</b>

The characteristics of the HSCT households in Epworth and Goromonzi as shown in table 5.4 above also confirm the gender dimension of poverty in Zimbabwe. According to ZimStat (2013b:53) the highest prevalence of poverty in Zimbabwe is observed in women-headed widowed households.

### 5.3.3 HSCT beneficiary household size

Most of the beneficiary households in Epworth and Goromonzi district have 4 plus people, suggesting that most of the HSCT beneficiaries in the two districts receive the highest cash transfer size that is payable in the HSCT capped at USD50 bimonthly. The prevalence of 1-person households in both districts is low. In some cases interviewees in 1-person households confirmed

that there have been changes to the demographic structure of their households due to natural attrition resulting from deaths of family members. In fewer cases some household members relocated to stay with relatives outside the districts. In these cases where the size of the household has decreased, there were no corresponding changes to the size of the cash transfer received by the affected households. Beneficiaries stated that they had not reported the changes to HSCT programme officials who should the effect change management processes to the data held in the HSCT MIS in accordance with HSCT's operational procedures.

**Table 5.5: HSCT beneficiary household size**

Household size		1 person	2 people	3 people	4+ people	Total
Epworth	1	9,70%	6,50%	3,20%	80,60%	31
	5	0,00%	3,20%	19,40%	77,40%	31
Goromonzi	15	3,10%	6,30%	9,40%	81,30%	32
	4	0,00%	5,00%	5,00%	90,00%	60

Table 5.5 indicates a profile that is similar to the national profile in household size. Households in rural areas are larger than in rural areas. Goromonzi district depicts relatively higher percentages of households with two or more people. Larger households are more vulnerable and poor than smaller size households. They usually have higher dependency ratios.

### **5.3.4 Characteristics of people in HSCT beneficiary households**

The demographic characteristics of HSCT households shown in Table 5.6 below indicate a profile that is typical of extremely poor households in Zimbabwe and Sub Saharan Africa. HSCT beneficiary households in Goromonzi and Epworth have some members, both adults and children, who are disabled and/or chronically ill. These statistics show that HSCT in some ways reaches some of the most vulnerable and poorest people in the two districts. However, the data in table 5.6 suggests that some HSCT households have some level of labour capacity. The implications of this finding for HSCT targeting are discussed in detail under the targeting theme.

**Table 5.6: Characteristics of people in HSCT households in Goromonzi and Epworth**

District	Ward	Households Surveyed	Characteristics of people in HSCT Beneficiary Households								
			Number of Disabled Household Members	Number of Disabled HH Members (Adults)	Number of Disabled HH Members (Children)	Number of chronically ill HH members	Number of chronically ill HH members (Adults)	Number of chronically ill HH members (Children)	Adults Fit for Work 19to59	Males Fit for Work 19to59	Females Fit for Work 19to59
Epworth	1	31	6	6	0	19	15	4	60	29	31
	5	31	10	6	4	29	25	4	49	23	26
Goromonzi	4	60	32	25	6	66	52	13	134	61	73
	15	32	9	7	1	31	20	9	52	21	31

### 5.3.5 Age of people in HSCT households

It is evident from the data in table 5.7 below that HSCT household members in the study sample are mostly children (48%), and adults in the 19-59 years category (36%). The elderly constitute 16%, although most of them are heads of HSCT households as shown in table 5.4 above.

**Table 5.7: Age of HSCT household members in Goromonzi and Epworth districts**

Age range		0-18 years	19-59 years	60+ years	Total
Epworth	1	45,9%	38,2%	15,9%	157
	5	43,6%	35,0%	21,4%	140
Goromonzi	4	49,9%	36,1%	14,0%	371
	15	51,2%	31,3%	17,5%	166
<b>Total</b>		<b>403</b>	<b>295</b>	<b>136</b>	<b>834</b>

The data in table 5.7 compares well with the national HSCT data from the MIS which shows that 52% of all HSCT household members in the HSCT's 19 districts are children below 18 years, 29% are adults 19-59 years, and 19% are elderly people of 60+ years.

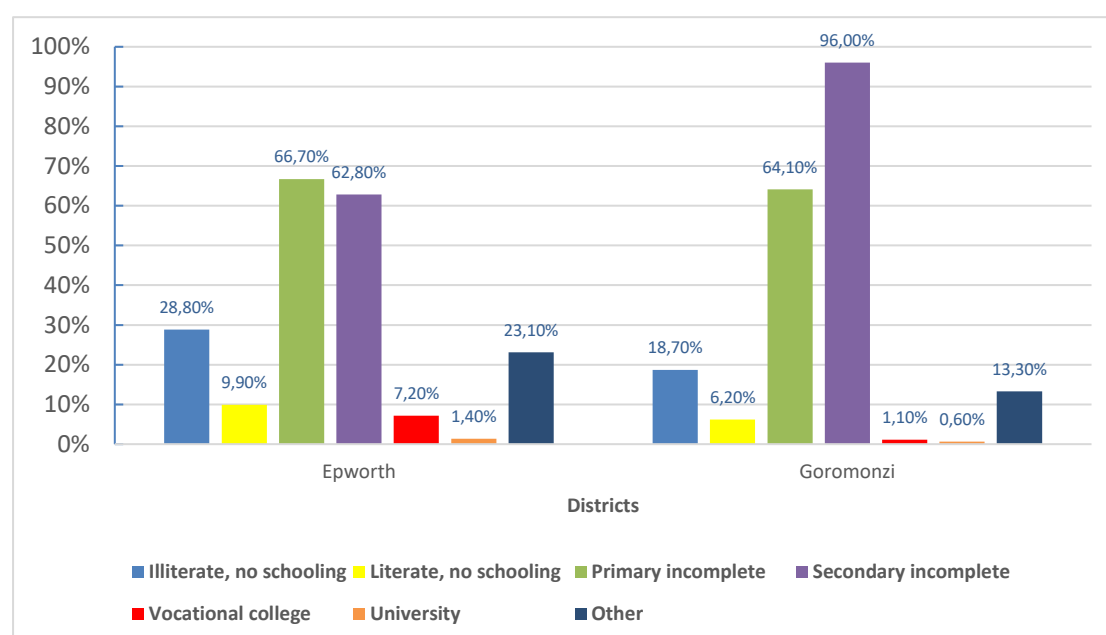
### 5.3.6 Education levels of adults 18+ years in HSCT households

The study finds that HSCT household members have much lower education levels, and this is consistent with households coming from the poorest deciles of the welfare distribution in Zimbabwe. Table 5.8 and the associated figure 5.1 below show the education levels of adult household members in the sampled districts.

**Table 5.8: Education levels of adult household members (18 years and older) in HSCT beneficiary households**

	Illiterate, no schooling	Literate, no schooling	Primary incomplete	Secondary incomplete	Vocational college	University	Other	Total
Epworth	28,80%	9,90%	66,70%	62,80%	7,20%	1,40%	23,10%	138
Goromonzi	18,70%	6,20%	64,10%	96,00%	1,10%	0,60%	13,30%	246
Total	41	15	123	164	7	2	32	384

**Figure 5.1: Education levels of adult household members in HSCT households**



Most (43%) adults of 18 years and older in HSCT beneficiary households failed to complete secondary school. Thirty-two percent (32%) did not complete primary education, and exposure to vocational skills education is low at 1.8%. Higher education attainment is not a characteristic feature of extremely poor and vulnerable households. In the study sample, it is a low 0.5%. Eleven percent (11%) of the adults in HSCT households are illiterate, no schooling. The data in Figure 5.1 suggests that breaking the inter-generational poverty cycle in HSCT beneficiary households through investments in human capital should be a priority if these households are to move out of poverty in the long term. Brazil and Mexico, two of the pioneers of social cash transfer schemes in Latin America, introduced conditional cash transfers with dual objectives, combining long-run human capital development with short-term poverty alleviation. As highlighted in the literature review

chapter, evidence shows that this dual policy strategy is a key factor for success in breaking intergenerational poverty cycle.

### 5.3.7 Possession of national Identification cards

Survey data in table 5.9 below shows that most of the adult members in HSCT beneficiary households in Goromonzi and Epworth districts possess national identification cards – a requirement for one to receive the HSCT. In Epworth district, ward 5 had a higher percentage (14.5%) of adults in HSCT households who did not possess a national identification card. Qualitative evidence from FGDs with HSCT focal persons in Epworth suggest that some HSCT beneficiaries face challenges in acquiring national identification documents because they originally came from Mozambique and Malawi. They still cannot get Zimbabwean identification cards even though their rights to Zimbabwean identity are guaranteed in the below constitution.

**Table 5.9: Possession of national identification cards by adult members in HSCT households**

Do adult household members have a National ID card?				
		Yes	No	Total
Epworth	1	91.9%	8.1%	74
	5	85.5%	14.5%	76
Goromonzi	4	92.1%	7.9%	177
	15	94.7%	5.3%	75

The effects of non-possession of national identification documents by adults often leads to challenges with acquisition of birth certificates for children, and consequently failure to access basic services such as health and education. The most vulnerable children will be those with no birth certificates. According to UNICEF and ZimStat (2015:26) Epworth is among the worst districts with regards to children under 5 who do not possess a birth certificate.

### 5.3.8 Dwelling characteristics

The data presented in table 5.10 below shows the type of houses HSCT beneficiaries in Epworth and Goromonzi live in. A majority of the beneficiaries in both districts live in separate houses. There are no beneficiaries who live in “room within a house” in the study locations in Goromonzi district. The

situation is different in Epworth where about 19% of HSCT beneficiaries live in “room within a house”. They are more likely to be lodgers renting rooms within a house.

**Table 5.10: Type of houses HSCT beneficiaries live in**

		Separate house	Semi-detached house	Rooms/compound house	Room within a house	Several huts/buildings same compound	Several huts/buildings different compounds	Total
Epworth	1	35.5%	3.2%	32.3%	19.4%	6.5%	3.2%	31
	5	45.2%	22.6%	29.0%	0.0%	3.2%	0.0%	31
Goromonzi	4	58.3%	16.7%	13.3%	0.0%	11.7%	0.0%	60
	15	45.2%	22.6%	29.0%	0.0%	3.2%	0.0%	32

The pictures in boxes 5.1, 5.2 and 5.3 below show the different types of houses that HSCT beneficiaries live in. The quality of houses in which some of the HSCT beneficiaries occupy in Epworth does not meet construction standards and building by-laws. Some of the houses as seen in the pictures below are in states of disrepair and may pose safety risks to beneficiaries.

**Box 5.1: A semi-complete house belonging to an HSCT beneficiary**



Picture 1: A semi-complete house belonging to the Mucha family (not their real family name) in Goromonzi's ward 4. They currently live in one room, and are constructing another room using savings from their bimonthly HSCT.



### Box 5.2: Types of houses HSCT beneficiaries live in



**Picture 2:** A type of separate main house in ward 1, Epworth district. In this picture, Mrs Mayo (not her real identity) and two out of her four grandchildren sit in front of their two-roomed house. The house was constructed using mud bricks with cement plastering, and has a corrugated iron sheet roof.



**Picture 3:** A main house and a kitchen hut in ward 15, Goromonzi district. In this picture, the Masimba family (not their real family name) stand in front of their homestead where they have lived for more than 25 years. Their main house was constructed using brick and cement and has asbestos roofing. Mud bricks with cement plastering were used in constructing the kitchen hut.



**Picture 4:** Several buildings in the same compound in Epworth's ward 1.

### Box 5.3: Makeshift shelter for a beneficiary who was affected by floods



**Picture 5:** This makeshift shelter is what remained of Juliet's (not her real identity) hut following heavy rains which affected most parts of Zimbabwe during the 2016-2017 rain season. Juliet is an HSCT beneficiary in Goromonzi's ward 15 and has been staying in this makeshift shelter for nearly 4 months. The original hut was built from mud bricks. The constructed part of the hut collapsed causing the thatched roof to fall and rest on the ground. She said that her immediate community is trying to mobilise resources and labour to help her construct a new hut.

#### 5.3.9 House ownership of beneficiaries

Table 5.11 below shows that most of the HSCT beneficiaries in Epworth and Goromonzi districts have their own houses, and few beneficiaries either rented or they were living in squatter dwellings. All respondents who reported either paying rent or living in squatter dwellings were from Epworth. Data shows that beneficiaries were paying housing rent to different accommodation providers. Approximately 13% of the respondents said they were paying rentals to the local authority (ELB), 25% to landlords who are also their parents while most beneficiaries paid rent to friends who owned the houses or rooms they lived in. The mean rental paid by beneficiaries in Epworth was thirty-one United States dollars and fifty-four cents (\$31.54) per room per month.

The data suggest that housing as a basic need of most HSCT beneficiaries in both districts has largely been met although the quality and standard of housing is poor for most HSCT beneficiaries. The HSCT beneficiaries who live in squatter settlements are likely to shift location if their housing circumstances change, for example, if the ELB decides to evict them. This

could result in the affected beneficiaries missing HSCT payments as the CPC members may have difficulties locating them.

**Table 5.11: House ownership of HSCT beneficiaries**

		Is owned and completely paid for	Is owned with a mortgage	Is rented	Is a squatter dwelling	Other	Total
Epworth	1	58.1%	0.0%	25.8%	16.1%	0.0%	31
	5	80.6%	0.0%	16.1%	3.2%	0.0%	31
Goromonzi	4	96.6%	1.7%	0.0%	0.0%	1.7%	59
	15	100.0%	0.0%	0.0%	0.0%	0.0%	31

### 5.3.10 Access to digital satellite television, mobile phones and personal computers

It is evident from Table 5.12 below that the overwhelming majority of respondents in Epworth and Goromonzi have access to mobile phones. This is unsurprising because current statistical data from the Post and Telecommunications Regulatory Authority (POTRAZ) (2017:6) shows that nationally mobile phone penetration rate stands at 97%. Mobile phones and phone cards which used to be scarce and expensive have become more widely available and at low costs in recent years. The present study found no evidence to suggest that the high percentage of HSCT beneficiaries with access to mobile phones could have been induced by the HSCT.

**Table 5.12: Percentage of respondents who reported access to DSTV, mobile phones and personal computers**

		Digital Satellite Television (DSTV)	Mobile phone	Personal computer
Epworth	1	0.0%	89.7%	0.0%
	5	0.0%	87.1%	0.0%
Goromonzi	4	10.2%	88.1%	2.1%
	15	3.4%	96.7%	0.0%

The data in table 5.12 also shows that few beneficiaries had access to DSTV in Goromonzi while none of the respondents reported that the household had access to DSTV and personal computer in Epworth. Qualitative data obtained through probes suggest that DSTV and personal computers were luxuries that most of the HSCT beneficiaries could not afford, and were not necessities in their basic survival kits.

## **5.4 Empirical findings on HSCT design and implementation features**

This section presents findings of both quantitative and qualitative studies on the key design and implementation features of the HSCT programme. The section explores in detail the HSCT beneficiaries' views, experiences and perceptions of the programme's key design and implementation features. The findings presented in this section draw heavily from primary data gathered through the household survey, observations, individual interviews and focus group discussions with key stakeholders at national and community levels. The quantitative household survey had more than 70 variables on design and implementation features of the HSCT. Secondary data from official programme documents including the HSCT's manual of operations are integrated with findings from primary data.

The HSCT's key design and implementation features identified and analysed in this section are:

- 1) Targeting method and eligibility criteria
- 2) Payment system and operations
- 3) Unconditional cash transfer (includes use of the HSCT)
- 4) Grievance and complaints system
- 5) Transfer size
- 6) Frequency and predictability of payments
- 7) Duration of transfer
- 8) Complementary services

### **5.4.1 Targeting method and eligibility criteria**

The findings confirm that the HSCT scheme indeed targets households. According to the HSCT's manual of operations beneficiary households are eligible for assistance under the scheme if they meet two criteria, that is, they are simultaneously food-poor and labour-constrained. The household targeting is conducted through a proxy means test methodology administered by enumerators who are external to the community. The HSCT follows a two-stage targeting process to identify food-poor and labour-constrained households. First, enumerators collect census data on demographic and

poverty proxy indicators from all households in all wards in the selected geographic district. During the data collection exercise enumerators do not specifically mention the HSCT and if asked by respondents about the purpose of the survey, they explain that the data is used for “targeting, coordination and harmonisation of different programmes”.

The table 5.13 below shows that most of the HSCT beneficiaries in Goromonzi and Epworth perceive the HSCT’s targeting and selection process as fair. Qualitative data gathered through probes reveal that beneficiaries who viewed the targeting process as fair attributed the fairness to the fact that the exercise was carried out by people who were independent and external to Goromonzi and Epworth communities. In this way the beneficiaries felt that the targeting and selection process did not present opportunities for manipulation of data or elite capture of the process where community leaders may choose beneficiaries on considerations other than actual need.

Furthermore, the beneficiaries said that the targeting and selection processes were done in such a way that it was not possible to tell what the purpose of the exercise was as the ZIMSTAT enumerators did not state the purpose of the targeting survey beforehand. In this regard, it was unlikely that respondents could have manipulated information about their socio-economic situation.

The MOPSLSW staff said they carried out household verifications by randomly selecting 10 households from 50% of the wards targeted in all of HSCT’s first ten districts which include Goromonzi and Epworth. This type of verification was replaced by the introduction of the community verification process adopted for phase 2 districts. According to MOPSLSW staff the community verification process involves members of the community Child Protection Committees (CPCs) reviewing the results of the targeting and selection process for beneficiaries of the HSCT. The CPC members check the identification of eligible and ineligible beneficiaries and make their own assessments based on their local knowledge of the communities they represent. Where they disagree with the results from the ZIMSTAT surveys, further assessments are carried out. Thus, the community verification process

acts to complement and validate the proxy means test in order to identify those who meet the HSCT eligibility criteria.

UNICEF and the MOPSLSW staff who were interviewed in this study agreed that verification of targeting survey and proxy means test data used in the HSCT are good practices and are consistent with methods used in other social protection schemes implemented by the government of Zimbabwe such as the Public Assistance scheme, and the Assisted Medical Treatment Orders (AMTOS). However, they also admitted that the implementation of proxy means tests require substantial administrative and logistical resources. The Ministry staff said they had also received queries from some Members of Parliament (MPs) and other politicians in some of the areas where the HSCT is being implemented about how the proxy means test method works in practice, and its reliability as a targeting method. Politicians were said to prefer community-based targeting and selection methods because they made use of local knowledge and local perceptions of poverty.

**Table 5.13: Beneficiaries' views on the HSCT's targeting/selection process**

Do you think targeting/selection process for the HSCT is fair?	District		Total
	Epworth	Goromonzi	
Yes	80,6%	97,8%	139
No	19,4%	2,2%	14
Total	62	91	153

A majority of the household survey respondents correctly identified the HSCT's eligibility criteria. The data in table 5.14 below shows respondents' understanding of why their households were selected to receive the HSCT. They cited poverty and demographic factors as eligibility criteria into the HSCT scheme. The poverty criterion was cited by all respondents in Epworth and Goromonzi. All respondents in Goromonzi district said they were either disabled or were caring for a disabled or chronically ill household member. Not all households in the two districts said they were selected because they have no able-bodied member (18-59 years) fit for work. This finding of some HSCT households not citing the labour-constraint reason for being selected to receive the HSCT could be interpreted in many ways. First, the finding may

indicate that the demographic structures of those households may have changed since the HSCT started in 2012. There may have been no household members between 18-59 years who were able to generate an income at the time the household was selected into the HSCT. However, this may have changed since then, for example, some household members who were children when the HSCT started are now adults who are able to generate an income. Secondly, the finding could suggest that the households always had labour capacity but could have been wrongly included in the HSCT as they do not meet the labour-constraint criteria.

**Table 5.14: Reasons for being selected into the HSCT**

<b>Respondents who said YES to the reasons for being selected to receive the transfers among those that receive HSCT transfers.</b>	<b>Epworth</b>	<b>Goromonzi</b>	<b>N=</b>
I am very poor & unable to meet the most urgent basic needs of my household	100,0%	100,0%	123
My household has no able-bodied member (18-59yrs) fit for work	85,7%	86,7%	29
I am disabled, or I have disabled/chronically ill member(s) in my household whom I look after.	89,5%	100,0%	65
I am old	100,0%	94,6%	71
Take care of many orphans/children	96,4%	95,3%	71

An important point mentioned by most beneficiaries who correctly identified the HSCT's eligibility criteria was that they considered as effective the initial communication by the MOPSLSW staff during the inception of the programme. They also said the MOPSLSW officials repeat the targeting and selection messages regularly at payment points during the pre-disbursement speech. In this way, beneficiaries have been able to internalise the HSCT's targeting and selection methods.

HSCT beneficiaries were asked whether or not they thought there were people in their communities who met the HSCT eligibility criteria but were wrongly excluded. The table 5.15 below shows their responses to the question.

**Table 5.15: Beneficiaries' perception of exclusion errors**

<b>Do you think there are people who are very poor and need the HSCT programme but were wrongly excluded from the programme?</b>			
	<b>Yes</b>	<b>No</b>	<b>Total</b>
Epworth	80,3%	19,7%	61

Goromonzi	84,8%	15,2%	92
Total	127	26	153

An overwhelming majority of beneficiaries in the two districts said they knew of people who are very poor and need the HSCT but were wrongly excluded.

The study gathered views of non-beneficiaries, community leaders, and HSCT focal persons on targeting and selection of HSCT beneficiaries. The qualitative data shows that local community perceptions of the HSCT's targeting and eligibility criteria differ in many areas from the views expressed by beneficiaries on the same subject. Village heads in Goromonzi district, and ward councillors in the two districts reported receiving complaints from some non-beneficiaries who felt they were 'wrongly excluded' from the HSCT.

There were concerns from HSCT focal persons in Goromonzi's ward 4 that the targeting survey done by ZimStat and JIMAT in 2011 did not go deep into the remotest parts of ward 4 as this is where some of the poorest and vulnerable community members lived. They said many of the HSCT beneficiaries in ward 4 were people who lived in villages and homesteads that were easily accessible by road, and close to markets. The HSCT focal persons said they got to know of these "deserving, poor and vulnerable" community members through their outreach work on child protection issues.

The revelations by the HSCT focal persons support views shared by some HSCT beneficiaries who said they knew of other poor and vulnerable people and who were excluded from the HSCT.

Some of the non-beneficiaries who participated in focus group discussions in Goromonzi and Epworth districts said their welfare circumstances were not different from those of HSCT beneficiaries. They perceived themselves as all poor and all in need of the HSCT. One non-beneficiary from Mareke village in Goromonzi's ward 15 said:

The targeting survey enumerators visited my household in 2011. They collected data on socio-economic characteristics of my household. I never received feedback from the enumerators and to this day I do not



know the reasons for my exclusion. Looking at my welfare circumstances, I think I meet the eligibility criteria.

Another non-beneficiary from the same FGD said:

When the targeting survey team visited households in our village, I was not at home on the day. I was working in my field which is a distance from my homestead. Where the team found no people, they never returned to those households. I am confident that if they had found me at my home stead, I would not have missed out on the HSCT.

The sentiments were different in some ways to the views expressed by FGD participants in Epworth. One non-beneficiary said:

I understand why I was not selected to receive the HSCT. My neighbours who are HSCT beneficiaries are deserving recipients of the HSCT. I used to see them struggle to meet their basic needs. My wish is to see those who deserve to be in the HSCT get enrolled on to the programme in the future.

Some non-beneficiaries in FGDs in Epworth said they withheld information about their socio-economic circumstances and this in turn may have contributed to their exclusion from the HSCT. They said that they were not sure why ZIMSTAT enumerators were collecting information about their welfare situation as they never explained beforehand the purpose of the targeting survey in 2011. Other non-beneficiaries said they felt there was a risk that their privacy was going to be compromised if they gave away their welfare information. Still others thought they could be removed from benefitting from other social welfare programmes in the community and therefore decided not to give information to the targeting survey teams. Non-beneficiaries in an FGD in Epworth raised an interesting point about why some of them avoided the targeting survey:

Epworth is a hotbed of politics. People here are involved in a lot of politics to the extent that there is always suspicion about processes

that involve recording people's socio-economic and demographic data.

Some people shy away from surveys whose objectives are not clear.

Some of the non-beneficiaries in the FGDs said they had taken up their exclusion queries with programme officials at the HSCT payment points but got unsatisfactory responses. However, approaching programme officials at payment points is an indication that the HSCT payment points are also accessible to non-beneficiaries. The Senior Social Welfare Officer at the MOPSLSW confirmed that the Ministry had received queries from some of the non-beneficiaries particularly from those who "just missed" meeting the eligibility criteria. The officer said a majority of the non-beneficiaries are generally never satisfied by the responses given by programme officials to their exclusion queries. They are often of the view that the HSCT should find ways of accommodating them.

Non-beneficiaries who participated in FGDs in both districts suggested that the HSCT's coverage should be scaled up so that more deserving beneficiaries may be included. Some said there should be a waiting list of potential beneficiaries so that the MOPSLSW could make in-year changes (in-between targeting rounds) by enrolling new beneficiaries to replace those who would have exited the programme through death or migrated.

The FGDs with HSCT focal persons highlighted cases of inclusion errors in the HSCT targeting and selection process. HSCT focal persons in Goromonzi's ward 15 said they knew of well-to-do people such as headmasters and school teachers who had been erroneously included as HSCT beneficiaries. They said they informed MOPSLSW's district staff about it and some of the non-deserving beneficiaries were subsequently removed from the programme.

Community leaders – village heads and ward councillors suggested that they should be included in the verification of targeting survey results as they have better local knowledge about who is poor, and who was not poor in their communities. The basis of their view was that they interacted with their subjects on a regular basis and lived in the same communities and villages

with them. However, they made the point that their non-involvement in the initial targeting and selection process in 2011 did not in any way undermine their authority over their subjects. They said when they called for meetings or collective community activities such as road rehabilitation, both HSCT beneficiaries and non-beneficiaries attended.

On the issue of exclusion errors in the HSCT, the MOPSLSW and UNICEF staff said the exclusion errors were more a programme coverage issue (due to budget constraints) rather than how good the proxy means test is or how well it is being implemented. They said that there were many people who met the food poverty and labour constraint criteria but the limited resources prevented the HSCT from reaching out to all deserving cases. In the words of the UNICEF staff member:

Communities understand the HSCT targeting criteria but are not convinced it is the best method to use. Beneficiaries selected in the HSCT deserve the transfers but there are many people similar to them in socio-economic circumstances and who also deserve assistance. This is the main reason why when other benefits for example food, come into communities, HSCT beneficiaries tend to be excluded because communities want many other poor and vulnerable people to benefit too.

A review of HSCT documents, and interviews with MOPSLSW and UNICEF revealed that the HSCT is still using phase 1 targeting data from the survey and proxy means tests done in 2011 and 2012 for Goromonzi and Epworth districts yet the latest retargeting data, though from 2014, are available.

#### **5.4.2 Awareness of HSCT as a right**

Beneficiaries' views on whether they receive cash transfers as entitlements or gifts/loans have important implications for the effectiveness of social accountability mechanisms. The HSCT's manual of operations states that the HSCT is an entitlement and this means that beneficiaries receiving the cash have the right to receive the transfers. Using a four-point Likert scale, this study explored beneficiaries' opinions on whether or not they understood

receiving the HSCT as a right or gift/loan. The Likert scale responses give insights into what HSCT beneficiaries think and how they feel about the cash they receive.

Figure 5.2 below shows the distribution of opinions across the respondents in the two study districts. The findings indicate that a majority of the responses were in the positive categories suggesting that most HSCT beneficiaries in both districts viewed receiving the HSCT as an entitlement. The intensity of this positive perception is evident in Goromonzi district where 47.3% of the respondents “strongly agreed” with the Likert item. However, it is apparent from the data that there are differences in beneficiaries’ perceptions of the HSCT. These differences appear to indicate gaps in the HSCT’s communication with beneficiaries on the subject. Beneficiaries need to have a common understanding of the issue.

A beneficiary from Epworth’s ward 1 said: “I think receiving the HSCT money is a right because I do not have any other source of income or support. I believe the State has a duty to care of those who are too poor to take care of themselves.”

One beneficiary from Goromonzi’s ward 4, and who did not see receiving the HSCT payments as a right said: “I disagree with the statement. Receiving the HSCT is not a right. We are just being assisted by the government of Zimbabwe. I cannot demand the cash transfer from government. The assistance can be stopped anytime. I therefore have no basis to declare receiving the cash transfer as my right.

**Figure 5.2: Distribution of opinion across respondents on whether receiving HSCT payments is a right or gift by district**

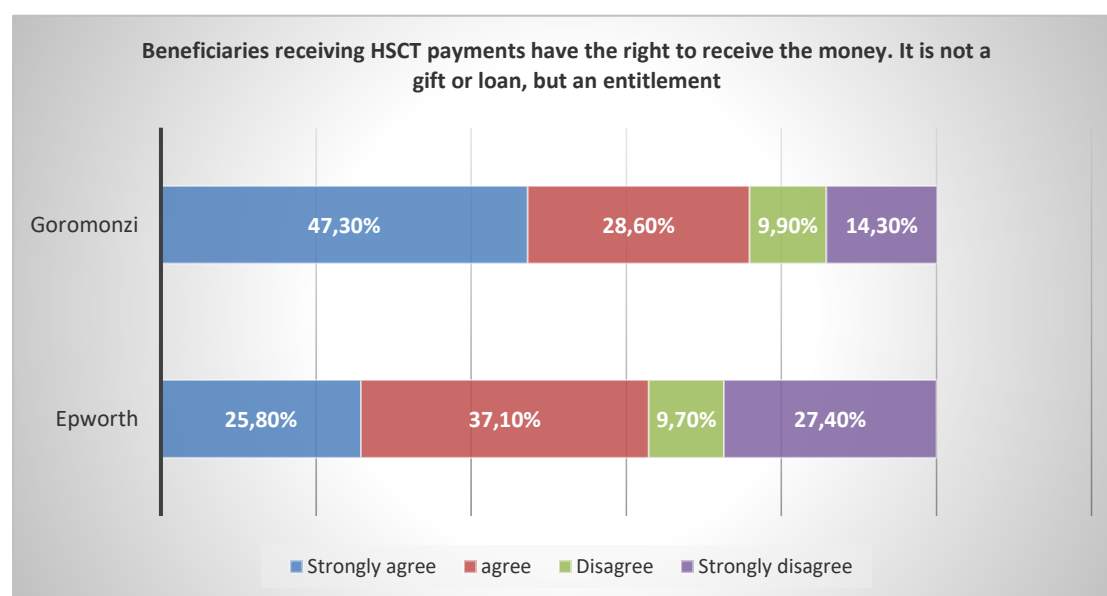
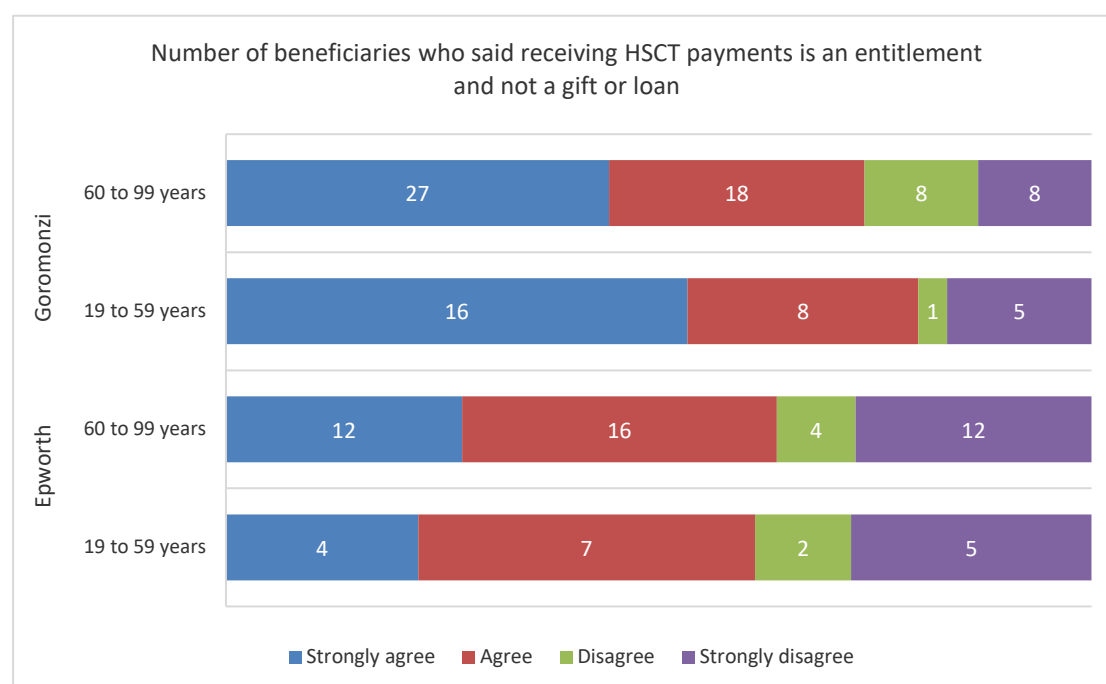


Figure 5.3 below shows responses by age group and district of respondents. The results suggest that in the two study districts, the majority of older people (60-99 years) view receiving the HSCT payments as an entitlement than is the case with the younger generation (19-59 years). Of the 153 respondents interviewed on the Likert item in the two districts, 73 (approximately 48%) of the responses were positive outcomes and were in the age group 60-99 years.

A beneficiary from ward 4 in Goromonzi said: “I am old and feel entitled to receive the HSCT money. When I was young and in my productive years, I contributed to the development of my country and community. Now it is the duty of government to provide for its senior citizens. Without the HSCT money, I will die my grandson.”

A female beneficiary from ward 5 in Epworth said: “I am old and have no means to care and provide for my household. My children died a long time ago but left me orphans to look after. As I have no other form of support, I see receiving the HSCT as an entitlement not only for myself but also for the orphans I look after.”

**Figure 5.3: Distribution of opinion across respondents on whether receiving HSCT payments is a right or gift by age and district**



### 5.4.3 Perceptions of (un)conditionality

The design of cash transfer schemes can be conditional or unconditional as discussed in the literature. Conditional cash transfers require that beneficiaries regularly meet set conditions in order for them to continue receiving payments while in unconditional CTs, recipients do not have to comply with any rules. Understanding beneficiaries' perceptions of whether conditions are in place or not in the HSCT was one of the variables of interest in this study. Table 5.16 below shows results obtained for the conditionality variable.

**Table 5.16: Beneficiaries' perceptions of (un)conditionality in HSCT**

Do families participating in the HSCT programme have to follow any conditions in order to continue receiving payments			
	Yes	No	Total
Epworth	3,2%	96,8%	62
Goromonzi	4,4%	95,6%	91
Total	6	147	153

Almost all of the respondents in the two districts (Epworth 96.8% and Goromonzi 95.6%) said they did not have to comply with any conditions in the HSCT for them to continue receiving the cash payments. The result

demonstrates that beneficiaries understand that decisions on how and when to use the HSCT payments were not subject to any programme rules, and this is consistent with the HSCT guidance as stated in the manual of operations. This finding indicates that the HSCT appears to have been effective in communicating this design aspect of the programme.

Of the three respondents who believe there are set conditions in the HSCT, one respondent in Epworth district said she learnt about the conditions from the MOPSLSW staff at the HSCT payment point. One respondent from Goromonzi said he learnt about the HSCT conditions from MOPSLSW staff, while the other respondent cited the HSCT focal persons in the community as her source of information. The three beneficiaries who said they were expected to follow conditions in order to continue receiving the HSCT suggested that the perceived conditions were (1) sending their children to school, and (2) buying food for the household. Results are shown in table 5.17 below.

**Table 5.17: Perceived conditions for HSCT payments by district**

If yes, can you please list the conditions that you think HSCT households have to follow or comply with in order to continue receiving HSCT payments			
	Send children to school	Buy food	Total
Epworth	100,0%	0,0%	1
Goromonzi	50,0%	50,0%	2
	2	1	3

#### 5.4.4 Duration of HSCT payments

Household survey data indicate that most HSCT beneficiaries in both districts expect to continue receiving HSCT payments for a longer period or better still for the rest of their lives. The table 5.18 below shows the data for this variable.

**Table 5.18: Beneficiaries' perceptions of the duration of HSCT payments by district**

How long in the future do you expect to continue receiving HSCT payments?							Total
		6months	1 year	2 years	5 years	Longer/for the rest of life	
District	Epworth	1,6%	3,2%	1,6%	3,2%	90,3%	62
	Goromonzi	8,8%	1,1%	3,3%	3,3%	83,5%	91
Total		9	3	4	5	132	153

Further analysis of results by age group presented in table 5.19 below, shows that a majority of the respondents (88.6%) in the 60-99 years age group believe that they will continue to receive the HSCT for the rest of their lives.

**Table 5.19: Beneficiaries' perceptions of the duration of HSCT payments by age range**

	How long in the future do you expect to continue receiving HSCT payments?					Total
	6months	1 year	2 years	5 years	Longer/for the rest of life	
19 to 59 years	2,1%	0,0%	8,3%	8,3%	81,3%	48
60 to 99 years	7,6%	2,9%	0,0%	1,0%	88,6%	105
Total	9	3	4	5	132	153

Qualitative findings from interviews with some of the HSCT beneficiaries in the 60-99 age range suggest that they do not expect to exit or graduate from the HSCT primarily because they are unlikely to have other sources of income if the HSCT scheme ended. They cited old age, and sickness and disability in some cases as primary vulnerability factors that make them unfit for productive work. To them the HSCT is like a social pension scheme. As one female respondent from ward 15 in Goromonzi district said: "I am old now and I do not see myself exiting the HSCT. Exiting means I will fall back into extreme poverty and no one will help me."

#### 5.4.5 Transfer size

The value of the HSCT payments varies by household size with a 1-person household receiving US\$10 cash per month and capped at US\$25 cash per month for a 4 or more persons household. Payments are done every two months which means that a household with 4 or more persons receives a lump sum of US\$50 per cycle. The study sought views of beneficiaries on the adequacy of the transfer sizes. Table 5.20 below shows the results obtained from the household survey.

**Table 5.20: Adequacy or inadequacy of the transfer amount to meet household needs by district**

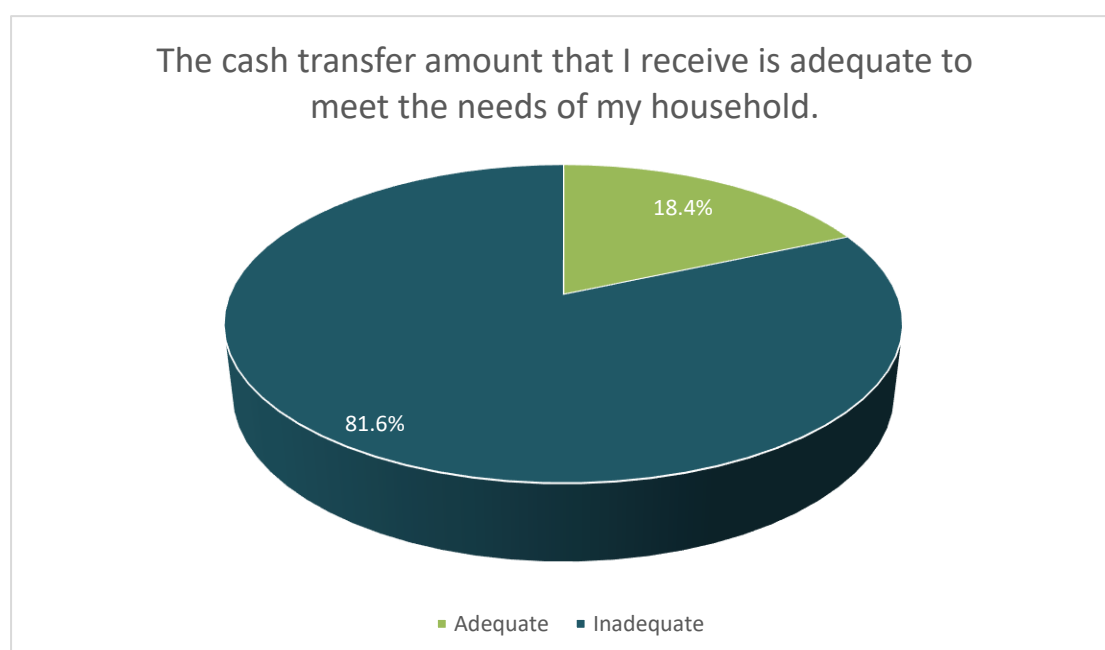
The cash transfer amount that I receive is adequate to meet the needs of my household		
	District	
	Epworth	Goromonzi
Adequate	19,7%	17,6%
Inadequate	80,3%	82,4%



Total	61	91
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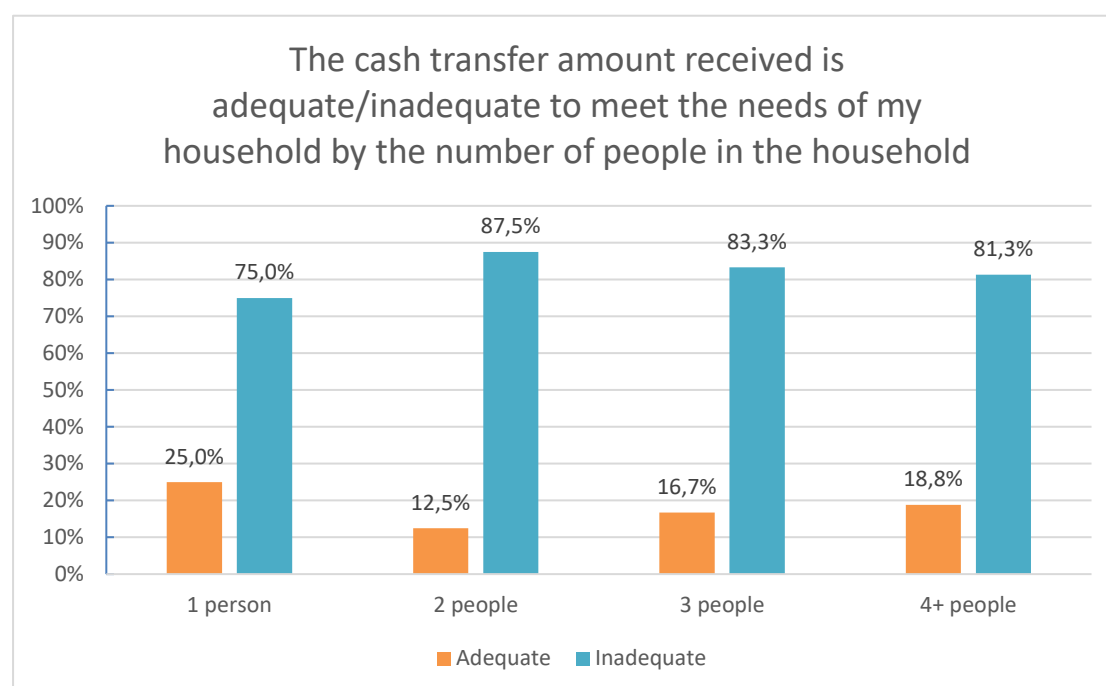
.An overwhelming majority of HSCT beneficiaries in the two study districts (Epworth 80.3% and 82.4% for Goromonzi) said the transfer value is not adequate to meet the needs of their household. The figure below shows results for the entire study sample. A majority of beneficiaries (81.6%) stated that the transfer size is inadequate for their households while 18.4% said it's enough to meet the needs of their households.

**Figure 5.4: Distribution of opinions on whether or not the transfer amounts are adequate for the entire study sample**



Further analysis of the transfer size variable by household size in figure 5.5 below indicates that a majority (87.5%) of respondents who said that the HSCT was inadequate were from two-person household that receive a bimonthly transfer of US\$30 followed by three-person household (83.3%) and four-person household (81.3%) and one-person household (75%). Results show that there is broad consensus among HSCT recipients of all household sizes that the transfer amounts are not adequate to meet the needs of recipient households.

**Figure 5.5: Adequacy of transfer amount by household size for the entire study sample**



Respondents cited several reasons for the inadequacy of the transfer amounts. They said the transfer values were set at the inception of the HSCT between 2011 and 2012 and have not been adjusted for inflation and other changes in the social and economic environment that have occurred since 2012. Furthermore, some of the respondents said their household membership has increased since 2012 as they took in new household members. The table 5.21 below confirms that indeed beneficiary household composition for some beneficiaries increased between 2012 and 2016. Goromonzi has the highest percentage of households that reported taking new members (28.3% in ward 4).

**Table 5.21: Number and percentage of HSCT beneficiary households that reported taking in new household members between 2012 and 2016 by district**

	Ward	Yes	No	
Epworth	1	12,9%	87,1%	31
	5	25,8%	74,2%	31
Goromonzi	4	28,3%	71,7%	60
	15	18,8%	81,3%	32
Total		35	119	154

Respondents cited several reasons which account for new members joining their households. Table 5.22 below shows that the primary reasons for joining HSCT households were: new members moving in to live with their relatives (33.3% for Epworth and 31.8% for Goromonzi); births of new babies (33.3% for Epworth and 22.7% for Goromonzi); and deaths of caregivers resulting in children becoming orphans who had to move and be cared for in HSCT households. The break-up of former household is one of the main reasons for joining HSCT households in Goromonzi cited by 13.7% of HSCT beneficiaries who reported new members joining their households.

**Table 5.22: Reasons why new household members joined HSCT households by district**

	<b>Epworth</b>	<b>Goromonzi</b>
Moved for work	0.0%	4.5%
Moved for schooling	0.0%	4.5%
Moved to live with relatives	33.3%	31.8%
Death of caregiver(s)/orphaned	8.3%	9.1%
Death of person living in this household	8.3%	4.5%
Marriage	0.0%	4.5%
Came home from living elsewhere	8.3%	0.0%
To follow other family members	8.3%	0.0%
Recover from illness	0.0%	4.5%
Break-up of former household	0.0%	13.6%
New born	33.3%	22.7%
<b>Totals</b>	<b>12</b>	<b>22</b>

The reasons cited for joining households by new household are likely to have increased welfare costs for the affected households. For example, the birth of a new baby in a household increases the dependency ratio in that household. Consequently, expenditure on consumption, clothing and health increases.

Table 5.23 below gives beneficiaries' accounts on the inadequacy of transfer amounts.

**Table 5.23: Accounts of beneficiaries on the inadequacy of the HSCT transfer amounts**

<b>District</b>	<b>Examples of beneficiaries' accounts of the inadequacy of transfer amounts</b>
<b>Epworth</b>	"The transfer amount is not adequate to cater for all the domestic needs of the household, for example, medication expenses for my wife, clothing, food and school fees" – male beneficiary, ward 1, Epworth district.

	<p>"The HSCT is a gift. It's not enough. However, asking for more money is a sign of lack of gratitude" – male beneficiary, ward 1, Epworth district</p> <p>"I have too many responsibilities which include sending my orphaned grand-children to school, buying food, and agricultural inputs for my field" – male beneficiary, ward 5, Epworth district.</p> <p>"I would like the HSCT amount to be increased so that I can start my own income-generation project. I used to operate a small tuckshop but closed it due to the poor economic environment. I use the HSCT money on food and health care expenses. I have none to save or invest, and this limits my household's capacity to withstand shocks in the future" – male beneficiary, ward 5, Epworth district.</p> <p>"When we enrolled into the HSCT, my household was small. We were only two. The household membership has grown to 4 after we took in our two grand-children following the divorce of their parents. The transfer amount is no longer enough to cater for 4 people" – female beneficiary, ward 5, Epworth district.</p>
<b>Goromonzi</b>	<p>"The money is never enough. However, we are thankful for the little money that we receive. Half a loaf is better than nothing" – female beneficiary, ward 4, Goromonzi district.</p> <p>"My household size has grown from an initial membership of three to nine people. The food budget has significantly gone up. I owe money at the local hospital where my two children were born. Because of this debt, I am unable to secure the birth records for my two children. Consequently, they have no birth certificates. I also owe school fees at the school where my children go to. I would be thankful if they could review the HSCT amounts upwards" female beneficiary, ward 4, Epworth district.</p> <p>"I have three school-going age children and they all need school uniforms, and fees to be paid for every term. Secondary school fees at Parirewa cost US\$30 per term. Primary school fees cost US\$18 per child per term. My kitchen hut was badly damaged by thunderstorms. I don't know where I will get the money to replace the door and the grass thatch. If the HSCT amount is revised upwards, I will be able to fully cover school fees for children and to repair my hut" female beneficiary, ward 4, Goromonzi district.</p> <p>"I am on anti-retroviral treatment and I travel to Epworth every month to get my medication. I use part of the HSCT money to cover these transport costs. I also use the HSCT money to pay school fees for two of my school-going age children. The fee for each child is US\$25 per school term. As you can tell, the US\$50 is easily eaten up by school fees. However, I prioritise food needs of the household and this takes up most of the HSCT leaving me with school fees debts" – female beneficiary, ward 15, Goromonzi district.</p> <p>"I receive US\$30 from the HSCT every two months. I buy food, hire casual labour for the field, and pay for health care expenses. When one is as old as I am, welfare costs are usually high. Prices of most basic goods and services have gone up. I lost three goats to thieves, and I am yet to recover from the loss. The transfer is not enough for me and I wish it would reviewed upwards" – female beneficiary, ward 15, Goromonzi district.</p> <p>"We are a five-person household. I receive US\$50 from the HSCT. It is not enough for me to fully meet all household needs. I pay US\$45 for child who is doing secondary school. I have to look for an extra US\$25 to pay school fees for another child in primary school. We are left with nothing to buy food and meet other needs. One of my daughters failed to complete secondary school as I could not get money to pay her examination fees. I also take care of a niece who should be in school but is not because there is no money for her fees" – female beneficiary, ward 15, Goromonzi district.</p> <p>"Our household needs cost more than the US\$50 we receive from the HSCT. Tuition and levy fees cost me US\$25. Food costs per month are US\$30. We are left with no money to cover the land levy and grinding mill costs" – female beneficiary, ward 15, Goromonzi district.</p>

Using cross-tabulation, the study examined the association between the transfer size variable and two other variables: (1) household capacity to provide money or goods to persons who are not members of the HSCT beneficiary household, and (2) the ability of the household to purchase on credit if they asked. The results are provided in tables 5.24 and 5.25 below. For respondents who said the transfer amount was not adequate, findings for Goromonzi district suggest that the inadequacy of the transfer amount may have contributed to limiting the household's capacity to provide money or goods to persons who are not members of the HSCT beneficiary household in the last 12 months. The finding that 54.7% of respondents said their household members did not provide money or goods to other persons who do not live with them in the last 12 months seem to support this view. Qualitative data from interviews with some beneficiaries in Goromonzi ward 15 seem to support this view. As one male beneficiary said:

I had two neighbours from my village who visited me separately in 2016. They know I am an HSCT beneficiary who receives cash payments every two months. The first neighbour came and asked me for \$2 to use at the grinding mill. I was not able to help him. The second came while I was working in my field and he asked if I could help him with transport money so he could take his sick child to the clinic. Again I was not able to help. I told both neighbours that while I sympathised with their situations, I had nothing to spare from the HSCT money to help them with. The transfer is not even enough for my own household's needs.

**Table 5.24: Remittances and transfers to other persons who are not members of HSCT beneficiary households**

During the past 12 months, has any member of your household provided money or goods, including clothing, food, livestock or medicines to persons who are not members of your household?			
	Yes	No	Total
Epworth	57,1%	42,9%	49
Goromonzi	45.3%	54.7%	75

A large majority of beneficiaries who reported that the HSCT transfer amounts were inadequate also said they could not purchase on credit if they asked.

Results in table 5.25 below show that 69.4% of respondents in Epworth and 82% in Goromonzi who said the HSCT amounts were inadequate could not purchase on credit if they asked. Respondents said the size of transfer amounts did not give them the flexibility to go into debt arrangements with community shop operators or service providers. They may fail to pay for the goods and service bought on credit because the HSCT is not adequate for them. A female beneficiary from Epworth's ward 1 said: "I will not even attempt to purchase goods on credit because I know I will not find the money to pay for the goods. It's risky to buy goods on credit when I get so little. It's better to live within my means."

**Table 5.25: Purchases on credit**

Could you purchase on credit if you asked?			
	yes	no	Total
Epworth	30,6%	69,4%	36
Goromonzi	18,0%	82,0%	61

HSCT beneficiaries who said the transfer amounts were not adequate suggested that the transfer amounts should be revised upwards. The results in table 5.26 below are shown by household size and indicate that a majority of households across all household sizes prefer to receive transfer amounts between US\$51 and US\$100 on a bimonthly basis.

**Table 5.26: Suggested transfer ranges by households who said the HSCT amounts are not adequate**

Suggested HSCT Amount for household who said the transfer was not adequate					
	1-50 Dollars	51 - 100 Dollars	101-150	151-300	Total
1 person	0,0%	100,0%	0,0%	0,0%	2
2 people	33,3%	50,0%	16,7%	0,0%	6
3 people	42,9%	57,1%	0,0%	0,0%	7
4+ people	4,0%	77,0%	15,0%	4,0%	100
Total	9	86	16	4	115

The intensity of this view is high amongst all one-person households (100%) who are currently receiving US\$20 bimonthly, followed by four-person households. Results show broad consensus across households that the transfer amounts should be in the US\$51-US\$100 range. Beneficiaries said this range would be adequate for them to spend, save and invest transfers

and move them towards building resilience which could help them deal with future shocks that may affect their households.

#### **5.4.6 Frequency and predictability of HSCT payment**

Household survey data indicate that a large majority of HSCT beneficiaries in Goromonzi district (92.4%) and most of the HSCT beneficiaries in Epworth district (79%) were happy with the bimonthly frequency of HSCT payments. Qualitative data indicates that beneficiaries appreciate the bimonthly cycle because it allows them to get lumpier amounts which they can spend, save or invest. As one beneficiary from ward 15 in Goromonzi district said: “A bi-monthly frequency is okay for as long as the payments are predictable. In this way I get a bit more cash which I can use for many things including buying small livestock.”

Results were also analysed by transfer size and 81.8% of those who said they were happy with the bimonthly frequency in Epworth district were respondents receiving US\$50, that is, respondents from households with four or more members. In Goromonzi the results show that most of the respondents across all transfer sizes were happy with the bimonthly frequency except for beneficiaries receiving US\$20, of whom only 50% were happy with the current payment cycle of two months.

Beneficiaries who said they were not happy with the bimonthly frequency suggested a monthly frequency which they said would give them greater flexibility to plan and budget for their regular expenses for daily needs. A male beneficiary from ward 5 in Epworth said: “I prefer monthly cash transfer payments so that I can pay for my household’s expenses in the month we incur them. Bimonthly payments create gaps and I end up incurring debts which I have to offset when I receive the transfer after two months. I am unable to deal with emergencies and shocks that may occur while I wait to receive my transfer after two months.” In the words of a male beneficiary from ward 4 in Goromonzi: “Two months is a long payment cycle for an old and frail person like me. I need to buy my medicines for diabetes regularly. I prefer to receive my transfer monthly.”

UNICEF and MOPSLSW staff said changing the frequency of HSCT payments from bimonthly to monthly would result in huge logistical and administrative challenges. Consequently, this would result in huge operational costs to deliver the cash transfers. They said the aim is to keep operational costs down so that more money can go to beneficiaries.

On whether the MOPSLSW explained to beneficiaries the rationale behind a bimonthly pay cycle, 57.4% of respondents in Epworth and 53.3% of respondents in Goromonzi said no explanation was given. This finding suggests gaps in the HSCT's communication strategy and its social accountability mechanisms. For beneficiaries who perceive the HSCT as a gift and who may not be happy with a bimonthly frequency, they may not have the courage to either ask for an explanation or change to their preferred frequency.

According to the MOPSLSW and UNICEF staff, the last HSCT payment cycles for Goromonzi and Epworth districts were done in December 2016. Data indicate that 93.5% of respondents in Epworth and 95.7% in Goromonzi confirmed receiving payments in December 2016.

With respect to the predictability or regularity of payments, data indicate a mixed picture. On when beneficiaries expected to receive the next HSCT payments, there was a marked difference of opinion between respondents in Epworth and those in Goromonzi. Table 5.27 below shows that an overwhelming majority of beneficiaries in Epworth district expected to receive the next HSCT payments "in the next two months" in line with the established bimonthly frequency. The finding in Goromonzi suggests pessimism as only 49.5% of respondents said they expected to receive payments "in the next two months".

**Table 5.27: Beneficiaries' views on when they expected to receive the next HSCT payments**

When do you expect to receive the next HSCT payment?					
	In the next 2 months	In the next 6 months	In the next 12 months	Never	Total
Epworth	91,9%	4,8%	0,0%	3,2%	62
Goromonzi	49,5%	14,3%	1,1%	35,2%	91
Total	102	16	1	34	153



It is notable that 35.2% of survey respondents in Goromonzi said they did not expect HSCT payments to continue. Qualitative data indicates that the less optimistic expectation of receiving the next HSCT payments stems from two instances of payment delayed experienced by beneficiaries in both districts. The first instance was a 6-month delay between March and September 2016, and the second one experienced between March and April 2017 following the December 2016 payments. According to the beneficiaries, the two payment delays suggest that the established frequency and regularity of payments have been broken. Beneficiaries in both districts also said that they had been clearly informed by the MOPSLSW about the possible long delay experienced in between March and September 2016. In this situation, beneficiaries may have covered the six month gap by either taking out credit, or finding alternative sources of income. This could suggest that the negative effects of first payment delay may have been minimal. However, some beneficiaries said the six-month payment delay forced them into negative coping strategies such as reduction of meals eaten per day; distress sale of some of their livestock, and accumulation of debts. There was an indication that the payment delay could have led to breakdown in interpersonal trust accumulated over years.

#### **5.4.7 HSCT payment delivery method and process**

The study collected data on the following eight variables under this heading: (1) payment method; (2) payment currency; (3) communication about payment dates and venues; (4) proxy representation; (5) location of payment points; (6) means of transport used by beneficiaries to and from payment points; (7) waiting time at the payment point; procedures for handling missed payments; and (8) pre-cash distribution speech at payment points.

The HSCT uses a cash-in-transit payment method whereby cash is physically delivered by an armoured private security company, Securico, and MOPSLSW staff to beneficiaries on specified dates and from specified locations.

#### Box 5.4: HSCT payment delivery method - cash-in-transit



Beneficiaries are informed of the payment date, location and time at least seven days before. On the day, they travel to the payment point, often arriving earlier than the payment team made up of MOPSLSW district officials and Securico staff. On the left side picture, beneficiaries wait patiently for the payment process to commence. On the right side picture, beneficiaries stand in an orderly queue and proceed to receive their cash transfer as soon as their names are called out.

The majority of beneficiaries in Epworth (95.1%) and Goromonzi (96.7%) said they were happy with the current payment method. Further analysis of the data by age group and for the entire study sample shows that a large majority of the respondents (97.1%) who said they were happy with physical cash delivery are in the 60-99 years age group. Qualitative data show that with the current cash shortages in Zimbabwe, beneficiaries are happy that the HSCT is still able to give them physical cash. They prefer the method to continue.

They said the challenges with mobile transfers are that they are not guaranteed to get their cash when they cash out because mobile money transfer agents do not always have the cash due to the liquidity crisis. If they have to access their cash from community shops, they are forced to buy goods first and then get the balance in cash, which is a rip off to them. Sometimes they have to transact multiple times to cash out which means they lose a portion of their cash transfer to transaction charges. A female beneficiary from ward 4 in Goromonzi said: "I prefer physical cash delivery. I am very old and mobile money transfers will not work for me because I will not be able to use my cellphone easily to access my money or to transact. It will be difficult for me to remember the secret pin codes associated with mobile money transactions." In addition, beneficiaries said there is always a risk that

they could easily forget pin codes that come with electronic payment. Thus, survey data supported by qualitative data suggest a strong preference for physical cash delivery over e-payments in both districts.

The few beneficiaries in Goromonzi (3.3%) and Epworth (4.9%) who said they were not happy with the current HSCT payment method preferred electronic transfers which they said are safer than hard cash, and that they would not have to walk long distances to payment points.

In terms of how beneficiaries were informed about the payment date and place of collection of their last payment, data in table 5.28 indicate that beneficiaries were informed through various ways. The majority of recipients: 79% in Epworth and 84.8% in Goromonzi said they were informed in private by HSCT focal persons. This finding is consistent with the operational procedure set out in the HSCT's manual of operations which states that it is the responsibility of CPC HSCT focal persons to notify all beneficiaries of the payment dates and times. Data show few cases of beneficiaries being informed in public by either CPC HSCT focal persons or by another beneficiary.

**Table 5.28: How beneficiaries were informed about the date and place of payment collection**

	Informed in public		Informed in private			Total
	CPC HSCT focal persons	Another beneficiary	CPC HSCT focal persons	Another beneficiary	A neighbour who is not a beneficiary	
Epworth	1.6%	0.0%	79.0%	17.7%	1.6%	62
Goromonzi	0.0%	3.3%	84.8%	10.9%	1.1%	92
Total	1	3	127	21	2	154

It is interesting to note that there were some beneficiaries who learnt about payment dates and places from neighbours who were not HSCT beneficiaries, and more importantly from other HSCT beneficiaries: 17.7% in Epworth and 10.9% in Goromonzi district. These findings have important implications for social capital, and the implications will be discussed later in this chapter.

Beneficiaries were asked whether they thought the way they were told when and where to collect their last payment was appropriate. Data indicates that a large majority of HSCT recipients in Epworth (96.8%) and Goromonzi (97.8%)

thought the way they were told when and where to collect their last payment was appropriate.

Qualitative data from FGDs with CPC HSCT focal persons in both districts show that when the HSCT started, the focal persons would carry out physical visits to a majority of the beneficiaries to inform them about the payment date, place and time. They had bicycles which they could use for that purpose. Many of the bicycles have since broken down and now the CPC members send messages to beneficiaries via whatsapp, mobile phone texts or call a few beneficiaries who then shared the messages with other beneficiaries living in their neighbourhoods.

As one female CPC HSCT focal person from Epworth's ward 1 said in an FGD:

The MOPSLSW gave us bicycles in 2012 to use in our HSCT outreach work. There was no maintenance plan and budget for the bicycles. A lot of the bicycles have broken down and need spares. This has constrained our ability to reach out to all beneficiaries with HSCT information. We are sacrificing the limited personal resources that we have to ensure that the HSCT remains in contact with beneficiaries.

Similar views were shared by a male HSCT focal person from Goromonzi's ward 15:

Our ward here is vast and has many villages. Communication with HSCT beneficiaries was much easier when the programme started in 2012. We felt we were well supported and incentivised to do our HSCT work in the communities. We would visit and check on beneficiaries on a regular basis. Now we cannot because bicycles have broken down. In my case, I contact beneficiaries to inform them about payment collect dates and places using whatsapp messages. For beneficiaries who do not have mobile phones especially the old-aged, I convey messages through other HSCT beneficiaries. It has worked well as messages are reaching all beneficiaries in my area.

The study examined the HSCT's system of proxy representation whereby beneficiaries can identify and register a second representative to collect payments on their behalf if they are unable to do so on account of old age, sickness or disability. The findings indicate that 27.1% of respondents in Epworth and 32.6% in Goromonzi have a registered proxy representative. A majority (35.6%) of beneficiaries who have registered proxy representatives are in the 19-59 age group. Qualitative data shows that beneficiaries considered issues of trust and reliability in selecting their proxies. Survey data supports this view as in most cases in both districts the proxy representatives were usually other household members or relatives as shown in table 5.28 below.

**Table 5.29: Relationship between main recipient and their registered representative**

What is your relationship to the proxy representative you have identified for the HSCT programme				
	Family member/relative that lives in your household	Family member/relative that lives outside of your household	Friend/Neighbour who is not a beneficiary	Total
Epworth	93.3%	0.0%	6.7%	15
Goromonzi	88.5%	7.7%	3.8%	26
Total	37	2	2	41

Data further indicate that of those who said they had a registered proxy representative, 73.3% of these respondents in Epworth and 65.4% in Goromonzi have at one point or another sent their proxy representative to collect HSCT payments on their behalf from the payment point. Survey data further show that there are costs associated with proxy representation. For the last time they sent their proxy representative to collect cash payments on their behalf from the HSCT payment point, 36.4% of the main beneficiaries in Epworth and 11.8% in Goromonzi said they paid transport or accommodation expenses for their proxies while 17.6% of respondents in Goromonzi reported paying for transport and/or accommodation costs, and other payments in cash or in-kind. Household survey data show that 11.6% and 15.3% of respondents who said they do not have a proxy representative would not be willing to identify and designate one. These expenses associated with proxy representation reduce main beneficiaries' transfer amount and value and

could possibly explain why some beneficiaries may be unwilling to identify and designate a representative to collect the payment on their behalf.

The study also examined the means of transport used by recipients to travel and from the payment locations. The variable contained multiple responses. The majority of beneficiaries 85.5% in Epworth and 88.8% in Goromonzi said their trip to and from the payment point involved walking. Other means of transport used by beneficiaries are bus/minibus and bicycle as shown in table 5.29 below. In some cases beneficiaries said they used multiple means to and from payment points. For example, a number of beneficiaries in Goromonzi's ward 15 said they walked to the payment point and used part of their cash transfer to board minibuses to travel back to their homesteads.

**Table 5.30: Percentage of beneficiaries who said they used different means of transport to travel from their houses to HSCT payment points and back**

	District		Total
	Epworth	Goromonzi	
Walk	85,5%	88,4%	129
Bus/Minibus	29,0%	26,7%	41
Bicycle	11,3%	1,2%	8
Total	62	86	148

The finding that only 1.2% of respondents in Goromonzi district reported that their journey to and from the payment point involved cycling is somewhat surprising. Use of bicycles as means of transport is common in many rural parts of Zimbabwe yet the finding in Goromonzi, a predominantly rural district, appear to contradict this practice.

Round trip travel time is less than one hour for 50% of recipients in Epworth while a majority (63%) of the recipients in Goromonzi take 1 to 3 hours to travel to and from HSCT payment points. This indicates that beneficiaries in Goromonzi travel a longer distance to the HSCT payment points than those in Goromonzi.

With respect to beneficiaries' perceptions about the journey to and from payment point data in table 5.31 below indicates that 37.5% of the female respondents find traveling to and from payments easy while an almost similar

proportion 32.5% said the trip is difficult. The pattern of responses in Goromonzi shows that there are nearly equal percentages of females who had positive opinions (easy and very easy) and those who generally found the trip challenging (difficult and very difficult). While most male respondents in Epworth found the trip easy, a majority (41%) of the male respondents in Goromonzi felt the journey to and from the HSCT payment points was very difficult.

**Table 5.31: Beneficiary perceptions of the journey to and from HSCT payment points by district and gender**

How do you or your representative feel about the journey/trip to and from the HSCT payment point?						
		easy	very easy	difficult	very difficult	Total
Epworth	Male	54,5%	18,2%	13,6%	13,6%	22
	Female	37,5%	20,0%	32,5%	10,0%	40
Goromonzi	Male	20,5%	20,5%	17,9%	41,0%	39
	Female	41,5%	9,4%	22,6%	26,4%	53
Total		57	25	35	37	154

The pattern of responses in both districts changes when data is analysed by age group. In Epworth, 55.6% of respondents who find the journey easy are in the 19 to 59 years age group while 38.6% in the 60-99 years report that the journey is easy. The results from Goromonzi district contrast the pattern in Epworth with most of the respondents in the 19-59 age group (36.7%) reporting that the trip to collect their cash is very difficult while 32.3% in the 60-99 age group find the trip easy. The results for the 60-99 age group in Goromonzi are insightful. The divide between recipients who had positive opinions about the trip to collect cash (easy and very easy) and recipients with negative response (difficult and very difficult) is even.

According to the MOPSLSW and UNICEF staff, HSCT payment points are mostly located at central points in wards, for example at business centres, near local government offices, at community health centres or at local schools in the community. Despite this general principle, there are still few beneficiaries who travel long distances to the payment point. Box 5.5 below is a case study of the only payment point in Goromonzi's ward 4.

**Box 5.5: Case study – location of the HSCT payment point in ward 4, Goromonzi district**



**Murape Hall - HSCT payment point in ward 4, Goromonzi district.**

The location of the payment point is at an open and public space. The payment point serves all the 194 HSCT beneficiaries in ward 4. Murape hall is considered central in ward 4 although some of the HSCT beneficiaries think it is a considerable distance from where they live. For example beneficiaries from Nyamande villages said they walked long distances to and from the payment point. They said the long distances they walk exposed them to potential risks of theft and mugging. During a focus group discussion, some of the HSCT focal persons from ward 4 reported that there had cases of muggings of beneficiaries as they travelled back home after collecting their cash. Some of the focal persons reported having been victims of muggings because they were perceived to be recipients of the HSCT when in fact they are not. They also said they were exposed to the risk of muggings because they were the last people to leave the HSCT payment point after assisting MOPSLSW and Securico staff with the payment processes.

The overwhelming view shared by some beneficiaries and HSCT focal persons was that the acts of mugging were likely committed by people who are non-beneficiaries from the area.

The Ward 4 Councillor shared similar concerns about long distances walked by some of the HSCT beneficiaries particularly from Gutsa village, whom he thought lived the farthest from the location of Murape payment point. The Councillor said one HSCT payment point was not adequate to cover ward 4. It is the biggest ward in Goromonzi district by population size and number of households. The Councillor suggested two options to address the distance issue: (1) that the MOPSLSW sets up a second HSCT payment point to serve beneficiaries from Nyamande and Gutsa villages, or (2) MOPSLSW increases the cash transfer size to cater for transport costs for beneficiaries who live farthest from Murape payment point.

In Goromonzi's ward 15, the HSCT payment point is located on the side of the main entrance of a high school in the ward – St. Peter's. The payment process appears to be a public affair. The MOPSLSW negotiated with the school and they were allowed to use an open space outside the school's premises as a payment point. While the general opinion about the location of



the payment point is positive amongst most beneficiaries because of its perceived centrality, the HSCT focal persons and village head from Mareke highlighted concerns about the location. They said that the location of the payment point is too open and lacks privacy for beneficiaries from the general public. They suggested that beneficiaries should receive their cash transfers inside the school premises. One male HSCT beneficiary from ward 15 contradicted this view: “The location of the payment point seems appropriate for me as the payment process does not interfere with the school’s activities during the learning times. If the payment point was inside the school yard, we would disturb learning as teachers’ and students’ attention would be drawn to the noise and activity at the payment point. Despite legitimate concerns from both sides, the choice of the location appears to be good example of collaboration and cooperation between two government Ministries: Public Service, Labour and Social Welfare; and Primary and Secondary Education.

In Epworth district, the HSCT payment point is located at Makomo primary school. It is the only HSCT payment point that serves all the seven wards in the district. Unlike the locations of the payment points in Goromonzi district, the HSCT payment point in Epworth is located inside the school yard and provides some privacy for beneficiaries. As shown in table 5.30 above, most of the HSCT beneficiaries in Epworth both males and females thought the trip to the payment point was easy as it was within reasonable walking distance.

The study investigated how long beneficiaries have to wait at the HSCT payment points to get their HSCT money. Survey data show in table 5.32 that most beneficiaries in Epworth and Goromonzi district wait between 1 to 3 hours before they receive their money. The mean and median waiting times are largely the same for beneficiaries in both districts.

**Table 5.32: Waiting times at payment points by district**

	Hours they wait to get HSCT payment					
	less than 1 hour	1 to 3 hours	more than 3 hours	Total	Mean	Median
Epworth	6,60%	72,10%	21,30%	61	2,5	2,0
Goromonzi	5,70%	75,00%	19,30%	88	2,4	2,0
Total	9	110	30	149		

While data suggest that most HSCT recipients in both districts do not wait for more than three hours before they can collect their cash, there is a possible risk that those who said they waited for more than three hours may be exposed to harsh weather conditions of heat or rains depending on the season. They may also incur accommodation and sustenance expenses if they have to stay overnight in situations where they stay far away from the payment points and where transport is not reliable. Staying longer at a payment point can make them vulnerable targets for thieves too.

One of the important operational aspects of the HSCT is the procedure for handling beneficiaries who miss collecting their payments on the day of cash disbursement. The HSCT's operations manual states that CPC HSCT focal persons should follow up on beneficiaries who miss collections, to understand why they missed payments. This is meant to prevent the risk that if a beneficiary misses payment three consecutive times, they will be removed from the HSCT payment register. The results of a follow-up visit including recommendations from the responsible CPC members are passed on to the district social welfare office for processing. The study investigated whether there had been any recipients who missed collecting their HSCT payments at one point or another, and whether there had been a follow up as laid down in the HSCT's manual of operations. Household survey data presented in table 5.33 below indicate that 32.3% of recipients in Epworth and 31.9% in Goromonzi missed collecting HSCT payments at some point since the inception of the programme. After missing collection of payments, 31% of the respondents in Goromonzi said they were followed up while 20% of respondents in Epworth confirmed someone had followed up on them to understand reasons for missing collection of their payment.

**Table 5.33: HSCT beneficiaries who reported missing payments at one point or another**

Have you ever missed an HSCT payment			
	Yes	No	Total
Epworth	32,3%	67,7%	62
Goromonzi	31,9%	68,1%	91
Total	49	104	153

For the beneficiaries who reported that they were followed up after missing collection of a payment, the study investigated who had followed them up to ascertain whether their responses were consistent with expectations in the manual of operations. Results in table 5.34 indicate that all respondents in Epworth said CPC HSCT focal persons followed up on them indicating consistency with the laid down process. Data from Goromonzi show that different people had followed up on beneficiaries who had missed collecting their payments. Two of the named categories of people who had followed up on beneficiaries missing collections, that is, “another beneficiary” and “community leader” are categories of people with no formal roles on the HSCT. This indicates inconsistency of practice with laid down procedure.

**Table 5.34: Beneficiaries’ accounts of the identity of the person who followed up on them after missing collection of a payment**

Who followed up on you?					
	CPC member/HSCT ward focal person	District Social Services (DSS)	Another beneficiary	Community leader	Total
Epworth	100.0%	0.0%	0.0%	0.0%	4
Goromonzi	55.6%	22.2%	11.1%	11.1%	9
Total	9	2	1	1	13

Reasons for missing collection of payments which were cited by beneficiaries included attending funerals, cash payments dates coinciding with visits to health care centres or school activities and sickness. One female beneficiary from ward 4 in Goromonzi said on the one occasion she had missed collecting a payment, it was because she had not been informed of the cash distribution date. However, she knew that she would still receive the full amount of the missed payment during the next payment round.

Qualitative data from FGDs with CPC members show that in some cases where they do not follow up on beneficiaries missing payments, the primary reason is often that they have no means of transport to get to those beneficiaries especially those who stay in remote parts in a rural district like Goromonzi. This is where the effects of broken down bicycles discussed earlier are noticeable.

One of the main activities at the cash distribution point is the delivery of a pre-cash distribution speech by MOPSLSW district officials. The purpose of the speech is to remind beneficiaries about the purpose of the HSCT, targeting and selection criteria, transfer sizes and grievance handling procedures. Most beneficiaries in Epworth (83.9%) and Goromonzi (92.4%) confirmed that at the last HSCT payment round in December 2017 the MOPSLSW officials delivered a pre-distribution speech at the payment point. The topics that were covered are shown in table 5.35 below.

**Table 5.35: Topics covered in pre-cash distribution speeches at HSCT payment points**

	District	
	Epworth	Goromonzi
Purpose of the HSCT programme	73,1%	69,9%
Targeting/selection criteria	7,7%	1,2%
Volume of transfers	7,7%	2,4%
Grievance handling procedures	9,6%	4,8%
Advice to beneficiaries on use of cash transfer payments	63,5%	68,7%
Child protection issues	38,5%	45,8%
Total	52	83

Most beneficiaries in both districts said the following themes were covered: purpose of the HSCT, advice on use of the transfer, and child protection services. Grievance mechanisms had low percentages in both districts. This is a somewhat surprising finding given the emphasis the MOPSLSW and UNICEF place on theme. This finding suggests two possibilities: (1) a memory issue with beneficiaries remembering mainly those themes directly connected to the cash, and (2) that the theme is not prioritised in the pre-cash distribution speech. Survey data also show that almost all beneficiaries in Epworth (98.1%) and in Goromonzi (97.6%) were happy with the range of topics covered in the pre-distribution speech. Similarly, a large majority of respondents in Epworth (96.2%) and Goromonzi (98.8%) said they were given an opportunity to ask questions or clarifications during or after the pre-distribution speech.

**Box 5.6: Pre-cash distribution speech delivery at an HSCT payment point**



An official from the MOPSLSW delivering the pre-cash distribution speech to HSCT beneficiaries before the commencement of the actual cash payment process at a payment point.

Despite the overwhelming endorsement of the pre-cash distribution speech by beneficiaries in Goromonzi and Epworth, qualitative data from interviews with beneficiaries suggested improvements to the pre-cash distribution speech. For example some beneficiaries would like to hear about the date of the next payment round; advice on how they can start-up small businesses; long term future of the HSCT; information about other social welfare schemes they could benefit from, and child care issues.

UNICEF and the Ministry officials said that they have renamed the “pre-cash distribution speech” to “pre-cash distribution dialogue” emphasising the point that it is a dialogue between programme officials and beneficiaries, and an opportunity to discuss the HSCT more broadly, and to bring beneficiary and community perspectives on the performance of the HSCT.

#### 5.4.8 HSCT grievance and complaints mechanisms

According to the HSCT's manual of operations, and qualitative data from MOPSLSW, the HSCT has different but complementary mechanisms of receiving and addressing grievances and complaints from beneficiaries. The MOPSLSW refers to these mechanisms as “mechanisms to promote social accountability” in the HSCT. The mechanisms include: help desks at payment points, independent verification of payment processes, field monitoring visits by MOPSLSW and UNICEF staff, and community verification of beneficiary targeting.

In exploring beneficiaries' views, experiences and perceptions of the HSCT's grievance and complaints mechanisms, the present study drew on some of the dimensions proposed by Barca *et al.* (2012). The study examined a number of variables: beneficiaries' awareness of how and to whom to raise complaints related to the HSCT; willingness to raise grievances and complaints; whether or not they the confidence to raise queries; and the nature of grievances and complaints that were raised. The findings are combined with qualitative evidence gathered from key informant interviews with community leaders, MOPSLSW and UNICEF staff, and FGDs with HSCT focal persons.

Quantitative data from the household survey in table 5.36 below show gaps in beneficiaries' awareness of how to raise a grievance or complaint about problems with the HSCT. The distribution of awareness results across the two districts are almost similar with 59.7% of respondents in Epworth, and 52.2% in Goromonzi saying they were aware of how to raise complaints.

**Table 5.36: Beneficiaries' awareness of how to raise complaints and grievances in the HSCT by district**

Are you aware of how to raise a grievance or complaint about problems with HSCT payments or other parts of the HSCT programme			
	Yes	No	Total
Epworth	59.7%	40.3%	62
Goromonzi	52.2%	47.8%	92
Total	85	69	154

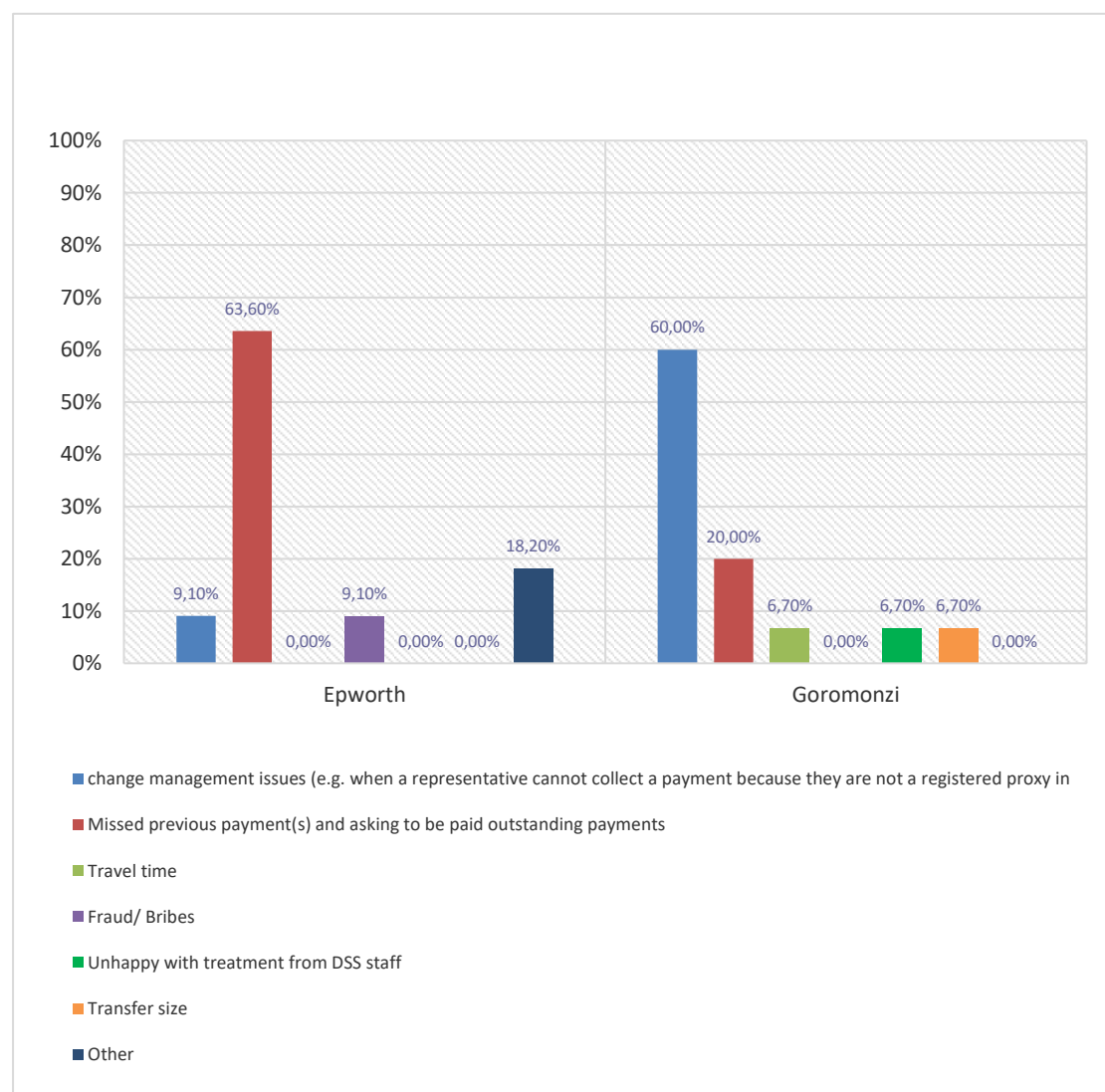
The above data were analysed by age groups for the entire study sample. Results show that in the old age category (60-99) 47.2% of respondents were not aware of how to complain in the HSCT while 39.6% said they did not know how to raise a complaint in the HSCT. These findings suggest that programme communication efforts aimed at improving beneficiaries' understanding of how to raise grievances or complaints in the HSCT may need to give special attention to older recipients.

In terms of awareness of to whom to raise a grievance or complaint in the HSCT, 59.7% of respondents in Epworth and 52.2% in Goromonzi said they were aware. Of those who reported that they were aware of how and to whom to raise grievances and complaints about the HSCT, 22.4% and 17.6% of respondents in Epworth and Goromonzi respectively reported that they had contacted someone. The HSCT programme officials at the payment point help desk were the most frequently contacted in Epworth (91.7%) while CPC HSCT focal persons were frequently mentioned as the point of contact for grievances and complaints in Goromonzi (62.5%). These findings are consistent with grievance procedures laid down in the HSCT manual. The manual states that "CPC HSCT focal persons can also assist beneficiaries with grievances by making sure that complaints are brought forward and presented to the appropriate programme representative if there is no help desk available or if the beneficiary does not feel comfortable to approach the help desk."

With respect to the nature of complaints or grievances raised by beneficiaries, data shows a variation across the study districts as indicated in figure 5.6 below. The most common complaints in Goromonzi were to do with change management (60%). Examples of change management complaints include cases when a recipient's representative cannot collect a payment because they are not a registered proxy, when the name of a recipient was skipped on a payment schedule, lost identity documents or instances where the household structure has changed. In Epworth the most typical complaint had to do with recipients missing previous payments and asking to be paid outstanding payments. This finding in Epworth could indicate the mobility of

beneficiaries in the district. Qualitative evidence from HSCT focal persons in Epworth suggests that some beneficiaries changed places of residents often particularly those who are lodgers. Consequently, they missed payments as they could not be easily located for the purpose of informing them about payment dates, place and time of collection.

**Figure 5.6: Nature of grievances and complaints raised by beneficiaries and shown by district**



While all complaints or grievances are important and should be attended to, there are two problems raised by HSCT respondents in Epworth and Goromonzi, which should be of particular concern to HSCT programme officials. Survey data shows that 9.1% of the complaints raised in Epworth concerned fraud or bribery while 6.7% in Goromonzi have to do with



beneficiaries' unhappiness with the conduct of MOPSLSW officials at district levels. The two complaints have reputational and integrity risks for the HSCT and need to be addressed.

Unsurprisingly, travel time is one of the complaints raised in Goromonzi (6.7%). As indicated in earlier findings, there were some beneficiaries from Goromonzi who said they found the journey to and from the payment point difficult to very difficult.

Beneficiaries were asked whether or not they were confident that if they raised a grievance through the help desk at the payment point, it would be addressed properly and to their satisfaction. Table 5.37 below shows findings to each response category. Of concern are the proportions of the neutral responses (30.6% and 45.7%) to a key design aspect of the HSCT where one may expect categorical responses to the subject. In addition, beneficiaries may have seen the neutral option as an easy one when they are unsure which would still be a worrying finding.

**Table 5.37: Respondents' confidence with the HSCT help desk as a grievance and complaints resolution mechanism**

Are you confident that if you raised a grievance through the HSCT Help Desk at Payment point, it would be addressed properly and to your satisfaction				
	Yes	No	Don't know/can't say	Total
Epworth	33.9%	35.5%	30.6%	62
Goromonzi	35.9%	18.5%	45.7%	92
Total	54	39	61	154

The above results suggest gaps in the HSCT's grievance system as seen by the proportion of "no" and don't know/can't say responses. Combining the two response categories gives higher percentages than for the positive responses.

On beneficiaries' perceptions of whether complaints are addressed and feedback provided by MOPSLSW staff, responses show an interesting pattern across the two districts. The responses show a similar to that evinced by the confidence variable discussed above with a higher proportion of responses in the neutral category. Nearly 50% of respondents in Epworth and 41.3% in Goromonzi said they neither agree nor disagree. Less than 50% of

respondents in the two districts respondent positively to the statement “complaints are addressed and feedback provided by DSS staff”.

**Box 5.7: Pictures showing examples of HSCT help desks**



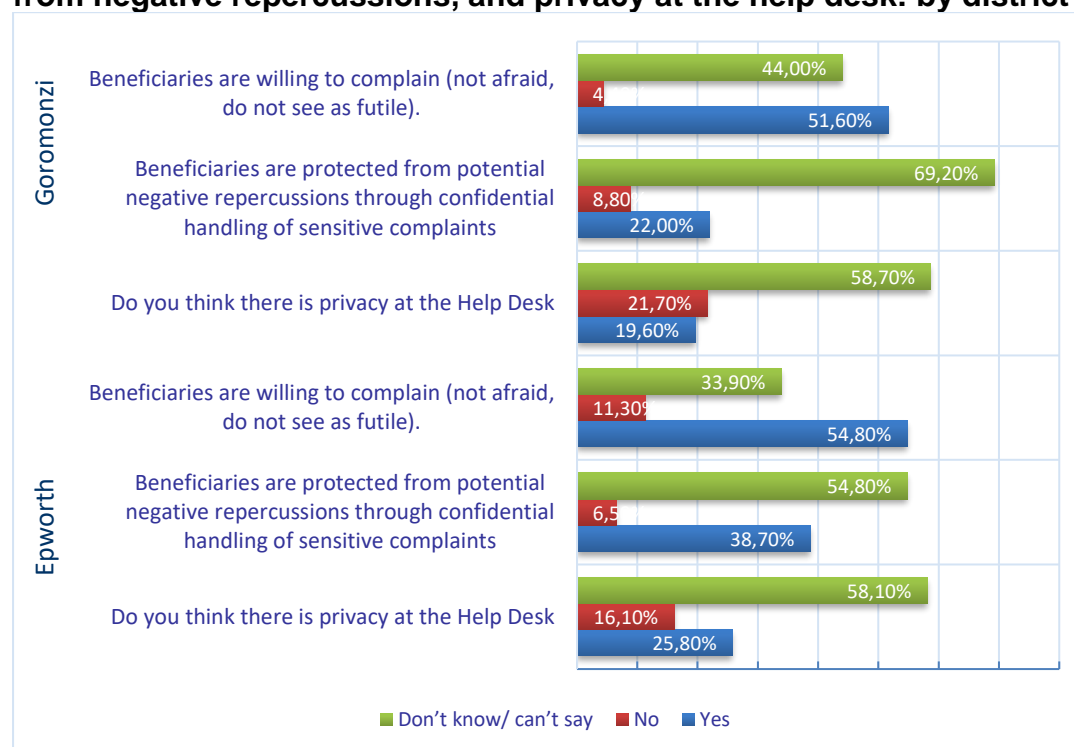
**Top picture:** A help desk at an HSCT payment point in Epworth. The desk is manned by programme officials from MOPSLSW. **Bottom picture:** Another example of an HSCT help desk with an MOPSLSW official attending to an HSCT recipient. Grievances are called “zvichemo” in the local shona language.



The household survey explored beneficiaries' views on whether they think there are adequate numbers of HSCT programme officials at the payment point help desk. Respondents' opinions were in the positive categories (strongly agree and agree). As with the other grievance variables discussed above, the proportion of responses in the neutral category are concerning with 37.1% of respondents in Epworth and 36.3% in Goromonzi stating they neither agree nor disagree on an important subject.

The study further explored beneficiaries' views and experiences with three additional and important variables for assessing the effectiveness of the HSCT's grievance and complaints mechanisms. The findings are shown in figure 5.7 below. The results show mixed views with high proportions of neutral responses in both districts across all three variables mirroring similar concerns highlighted for other grievance variables above. Goromonzi registered the highest proportion (69.2%) of neutral responses on the protection of beneficiaries from potential negative repercussions through confidential handling of sensitive complaints.

**Figure 5.7: Beneficiaries' views' on willingness to complain, protection from negative repercussions, and privacy at the help desk: by district**



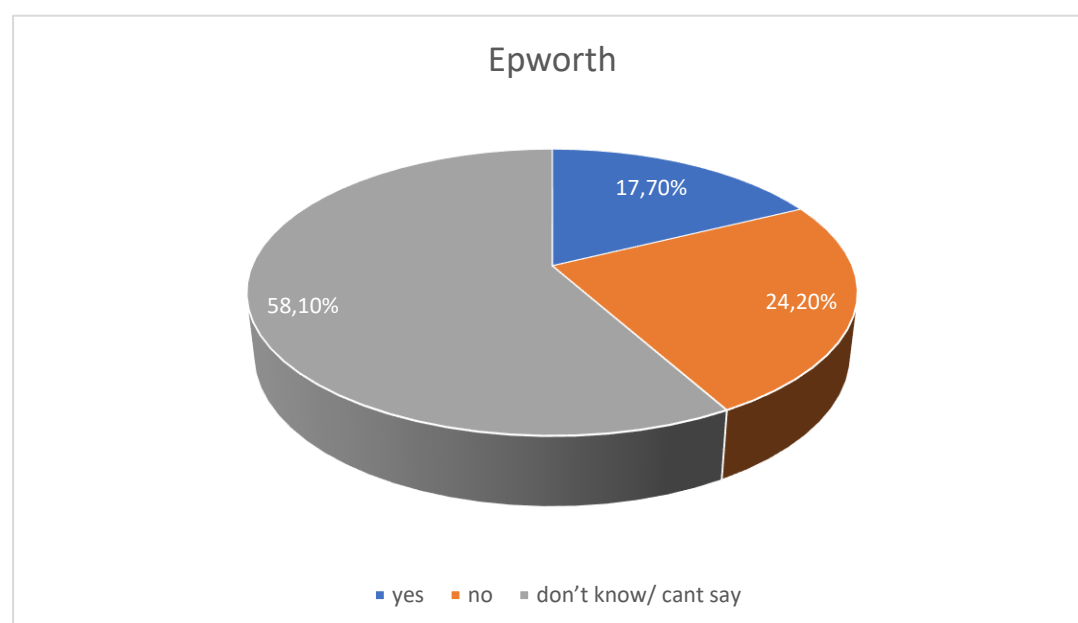
Epworth too has a relatively high proportion of neutrals at 54.8%. Qualitative data from interviews with some of the beneficiaries show that beneficiaries were concerned there was no privacy at the help desk. Some other beneficiaries could actually hear complaints or queries raised by others. However, some respondents felt that there is nothing private about grievances or queries that are raised as the issues are common to most beneficiaries, for example, delayed change management processes, transfer size, and missed payments. Thus, they saw no problems with the location of the help desk.

On the issue of protection of beneficiaries from potential negative repercussions of complaining including through confidential handling of sensitive complaints, qualitative data indicate that beneficiaries were not confident of this as they had a perception that if found out, they could be removed from the HSCT suggesting that these respondents perceive receiving the HSCT payments as gift and not an entitlement.

The high numbers of neutral responses across a number of grievance and complaints mechanisms' variables could suggest two possibilities: (1) that grievance and complaints handling is a sensitive issue in the HSCT with many beneficiaries unwilling to freely express categorical responses on the subject, and (2) that some beneficiaries may be unsure of how the system actually works in practice and what their rights are in that system. Despite this possibly being the case, it is interesting to note from figure 5.7 that slightly more than 50% of respondents in Epworth (54.8%) and Goromonzi (51.6%) are willing to raise grievances and complaints through the system, are not afraid and do not see doing so as futile.

Survey data reveal that most respondents in Epworth (58.1%) and almost half the number of respondents in Goromonzi (48.9%) stated they had no opinion or had not thought about whether or not there is a clear grievance escalation pathway in the HSCT. Figures 5.8 and 5.9 below show the pattern of beneficiaries' opinions on the grievance escalation pathway variable.

**Figure 5.8: Respondents' opinions on whether or not there is a clear grievance escalation pathway in the HSCT: Epworth results**



**Figure 5.9: Respondents' opinions on whether or not there is a clear grievance escalation pathway in the HSCT: Goromonzi results**

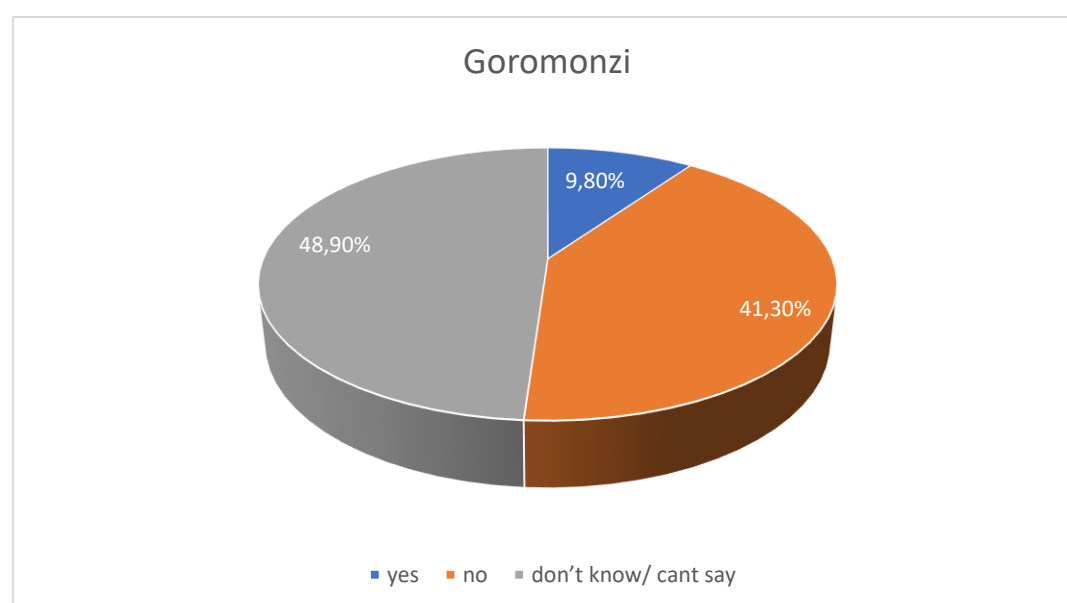


Figure 5.9 shows that the proportion of respondents in Goromonzi who stated that the HSCT's grievance escalation is not clear is nearly 50% suggesting that this is an issue of importance to them and which requires attention. A clear grievance escalation pathway is necessary as it assures beneficiaries that they can appeal against responses they perceive to be unsatisfactory or

escalate complaints beyond the initial point of reporting, for example in cases where feedback is unjustifiably delayed.

Data from key informant interviews with community leaders (village heads and ward councillors) indicate that community leaders also receive complaints and queries about the HSCT from both beneficiaries and non-beneficiaries. In most cases they referred these to CPC HSCT focal persons who either took the cases up with programme officials or clarified matters at local levels. It is surprising yet interesting to note that village heads and ward councillors who have no formal role on the HSCT were informal channels through which some beneficiaries raised complaints and grievances to do with the HSCT. This could suggest that some beneficiaries feel more comfortable and confident to raise HSCT grievances and complaints through existing community leadership structures.

### **Box 5.8: Field observations at an HSCT help desk in Epworth**

1. Beneficiaries' complaints were recorded in a note book, and not registered officially on a form with a serial reference number to ensure follow up and then case closure. There should be an official recording process with the date, name of receiving officer, and identity of the beneficiary.
2. Help desk was manned by junior officers (interns in the MOPSLSW). This may not be appropriate as most of the beneficiaries who raised grievances and complaints were people of old age (60-99 years) and who may require sensitive and compassionate attention.
3. Help desk primarily served the purpose of receiving complaints but not to resolve them.
4. Some grievances and complaints were dating back to December 2014, including one female beneficiary who had not been paid for the previous six HSCT payment cycles and had repeatedly raised her case but with no solution.
5. There was no privacy at the help desk. It was in an open area and within the audio and visual fields of other beneficiaries and programme officials.
6. The most typical complaints raised by beneficiaries were missed payments, misspelt names of beneficiaries on the HSCT payment schedule, and beneficiaries who said they had been paid during previous cycles but whose names were not appearing on the current payment schedule.
7. There seemed to be a conflation of change management issues and grievances. People who have straightforward change management issues go to the same desk and this often consumed MOPSLSW staff time to deal with real grievances and complaints.
8. The grievance and complaints escalation pathway is not clear to beneficiaries. Some of the beneficiaries were repeatedly raising old complaints with the same MOPSLSW district officials but with no solution forthcoming.

Qualitative evidence from FGDs with HSCT focal persons in Goromonzi and Epworth indicates that while the HSCT's grievance and complaints mechanisms have primarily focused on beneficiaries, HSCT focal persons also have complaints and grievances. They cited complaints which if left unattended to could hinder them from doing their HSCT work. For example, they complained about broken down phones and bicycles, worn out uniforms, and unpaid reimbursements. However, they had no formal entry point to raise their complaints in the HSCT and requested that the current HSCT grievance and complaints mechanisms be expanded in scope to include them too.

Currently there is no entry point for non-beneficiaries to complain, for example about their exclusion, to give feedback about effects of the HSCT in the community, or to seek information about the HSCT. Non-beneficiaries have an indirect stake in the HSCT due to spill-over or secondary effects of the HSCT in their communities. FGDs with non-beneficiaries show that they have limited and often inaccurate information about the HSCT.

According to MOPSLSW and UNICEF officials, they were aware of the challenges with the HSCT's grievance system and had begun to address them. They have developed and introduced a Standard Operating Procedure (SOP) which sets out specific and practical procedures for handling complaints and grievances in the HSCT. The SOP are expected to contribute to improved effectiveness of grievance handling and to strengthen social accountability to beneficiaries (and non-beneficiaries where appropriate). In addition UNICEF and the MOPSLSW have introduced an internal audit of the HSCT by the MOPSLSW's internal audit department, and are currently exploring the introduction of community grievance focal persons in all HSCT districts. It is expected that the improved grievance system will ensure that the proposed grievance focal persons at community level are open to receiving comments and feedback from HSCT beneficiaries, non-beneficiaries and other stakeholders too, for example, community leaders..

#### **5.4.9 Complementary services**

The implementation of the HSCT in communities incorporates provision of complementary services to HSCT beneficiaries who travel to the payment points to access their cash transfers. The services are provided by other government departments such as Civil Registry, and selected Non-Governmental Organisations (NGOs) contracted by UNICEF and the MOPSLSW. This "cash plus services" model is aimed at contributing to improvements in the social well-being of beneficiaries. The service providers access HSCT households through recipients at the payment point. The service providers give short descriptions of the type of services that are available from them and where they could be accessed for example, one organisation, Childline, provides confidential child protection reporting



mechanisms such as helplines and child-friendly spaces. The complementary services observed at HSCT payment points were: information sessions on a range of topics including HIV and AIDS, disability, child protection, and birth registration. Beneficiaries' views and perceptions of the "cash plus services" model were mixed. Household survey data show that some beneficiaries are happy with the provision of complementary services and would like to see other types complementary services introduced at payment points. They suggested provision of the following services or information: vocational skills and financial literacy; information on parenting and nutrition; health services such as immunisation, blood pressure and diabetic checks; agricultural extension; immunisation; mobile birth registration; career guidance for youths; microfinance; and funeral insurance.

Some beneficiary respondents said the range of the current services and topics covered at payment points is appropriate and adequate. Yet other beneficiaries had different views about provision of complementary services at HSCT payment points. They suggested de-linking the provision of complementary services from cash collection emphasising that an HSCT cash pay day should be no different from payment days for formal employees where the latter simply go to the bank, cash out their salaries, do a few things in town and return home. The focus, they argued, should be on cash collection and other services could be provided separately on a different day. The beneficiaries pointed that the focus of attention of most of the HSCT beneficiaries at the payment point is on collection of their cash, purchasing of a few goods from the nearby shops, and going back home.

According to the UNICEF staff member interviewed in this study, the HSCT payment points are being "transformed into social service points," as services provided now go beyond just cash collection.

The HSCT focal persons in Epworth said expanding the range of complementary services provided at payment points needs careful consideration because this may expose beneficiaries to health and safety concerns if they have to stay longer at payment points. They argued that some of the young and old age beneficiaries are on medication for ailments

such as diabetes and hyper tension, conditions which require them to be in good care and well fed. The focal persons also suggested that HSCT payment points be limited to beneficiaries only as opening them up to many people who have little or nothing to do with the HSCT may expose beneficiaries to security risks. They cited one case of a food aid beneficiary who lost a 50 kilogram bag of maize to thieves at a distribution point in Epworth. It appeared this had to do with the fact that the grain distribution points were open to everyone including non-beneficiaries.

## **5.5 Empirical findings on effects of HSCT on dimensions and types of social capital**

This section presents and interprets quantitative and qualitative findings of the social effects of the HSCT in Epworth and Goromonzi districts. The focus of attention is on the positive and adverse effects of the HSCT on structural and psychosocial dimensions of social capital, and the three main types of social capital – bonding, bridging and linking or vertical. The section also identifies evidence of unintended effects of the HSCT. Findings are presented and discussed with the aim of understanding social changes at individual, household and community levels in the two districts. The section draws heavily from the perceptions, and experiences of HSCT beneficiaries, non-beneficiaries, community leaders, HSCT programme officials, HSCT focal persons, and researcher's field observations from the two districts.

The section also identifies the specific design and implementation features of the HSCT that seem to influence the effects of the HSCT on dimensions and types of social capital.

### **5.5.1 Social relations**

The study examined the social organisation within which the HSCT is operating in the two districts, and identified a diverse set of social relationships which could have been affected positively or adversely following the introduction of the HSCT. Using quantitative and qualitative methods, the study identified nine types of social relationships and examined the effects of the HSCT on the relationships. The identified social relations are listed below:

- i. Intra-household social relations between members in the HSCT households
- ii. Inter-household social relations between HSCT households (social relations between beneficiaries)
- iii. HSCT beneficiaries and non-beneficiaries,
- iv. HSCT beneficiaries and CPC HSCT focal persons;
- v. HSCT beneficiaries and HSCT programme officials
- vi. HSCT beneficiaries and community leaders
- vii. Non-beneficiaries and CPC HSCT focal persons;
- viii. Non-beneficiaries and HSCT programme officials
- ix. Social relations between HSCT focal persons

#### **5.5.1.1 Social relations within HSCT households**

The findings of the research suggest both positive and negative effects of the HSCT on intra-household social, gender and generational relations in beneficiary households. Household survey data was collected on several variables which give insights into the effects of the HSCT on social relations within HSCT households.

Respondents were asked about who made the decision on the use of cash within the household. Table 5.38 shows that in a majority of HSCT households in Epworth (80.6%) and Goromonzi (77.2%), the head of household is the main decision-maker. In this study 60% of all HSCT beneficiary households surveyed are headed by women, effectively making most of them the main decision makers on how the HSCT is used.

**Table 5.38: Main decision-maker on what the HSCT money is used for**

	Epworth	Goromonzi	Total
Head of household	80,6%	77,2%	121
Wife/ husband	17,7%	20,7%	30
Son/ daughter	0,0%	2,2%	2
Adopted/ foster child	1,6%	0,0%	1
Total	62	92	154

Data in table 5.38 show that there are some HSCT households where the head of the household is not the decision-maker on use of cash suggesting

that the responsibility is deferred to someone else either by choice, delegation or household circumstances.

Respondents were asked who the main decision-maker identified in table 5.38 consulted with when deciding how to use the cash transfer. While data in table 5.39 below shows that in most (62.9%) of the HSCT households in Epworth and 50% in Goromonzi, the decision maker decided alone, there are positive results showing that the main decision maker in the remainder of the households in both districts consulted someone before deciding on the use of the HSCT money. In Goromonzi district data shows that the main decision maker consults with other adult family members (46.7%), with children (2.2%), and with all family members (1.1%).

**Table 5.39: Who the main decision consults with when deciding how to use the HSCT money**

	Epworth	Goromonzi	Total
Alone	62,9%	50,0%	85
In consultation with other adult family members	37,1%	46,7%	66
In consultation with children	0,0%	2,2%	2
In consultation with ALL family members	0,0%	1,1%	1
Total	62	92	154

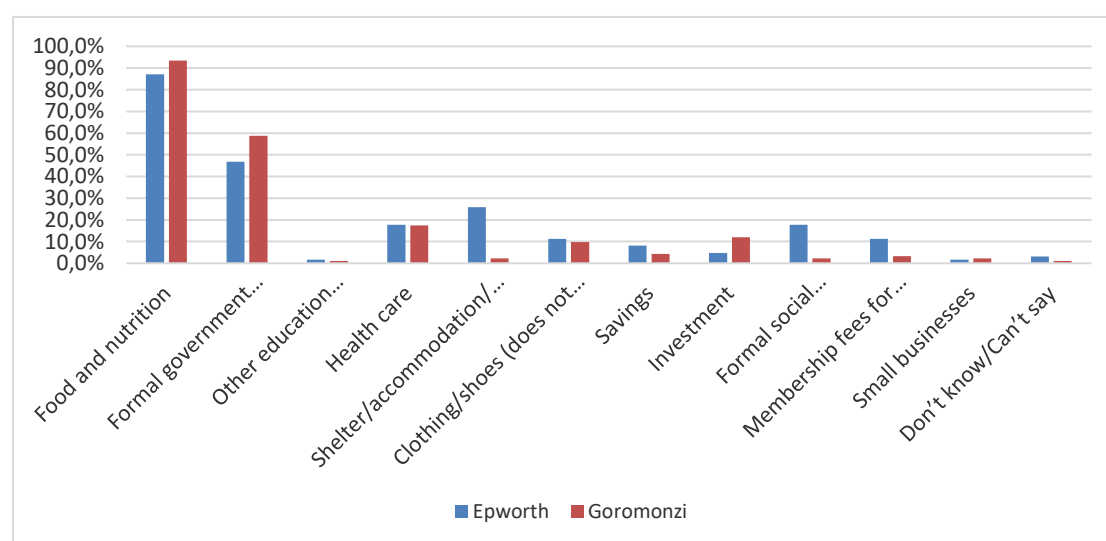
Results further show that in most of the HSCT households in the two study districts, all household members benefit from the HSCT payments received by the household. Only in a few HSCT households does the transfer benefit specific categories of people. This might suggest a lack of understanding of the purpose and intended objectives of the HSCT particularly where some beneficiaries may perceive the HSCT to be some form of child grant which should benefit children only or in some cases orphans and vulnerable children only. In such cases where the HSCT is not benefitting all household members, it is possible that the HSCT may be a source of tensions within the household as some members may feel unjustifiably excluded.

Household survey data show that HSCT beneficiaries in Goromonzi and Epworth were using HSCT payments positively. The main uses of the HSCT reported by beneficiaries in the two districts are shown in figure 5.10 below. Data shows that HSCT payments are mainly used to meet food and nutrition

needs (87.1% in Epworth and 93.5% in Goromonzi); school fees and associated costs (Epworth 46.8% and Goromonzi 58.7%).

Other common uses of HSCT payments were states as health care, shelter/rent, clothing, savings, investment in productive activities such as livestock purchases, and membership subscription fees for social networks and associations. These results show that each of the expenditure choices depicted in figure 5.10 improves household well-being in some way, a demonstration of rational decision-making on expenditures. This finding is consistent with the rationale of the unconditional nature of the programme's design that the transfers are aimed at smoothing consumption in beneficiary households. The positive uses of the HSCT further suggest that most of the HSCT beneficiaries in the two districts are largely following the advice from MOPSLSW officials and HSCT focal persons on responsible use of the cash transfers.

**Figure 5.10: Main uses of HSCT payments by district**



An overwhelming majority of HSCT respondents in Epworth and Goromonzi said that the HSCT transfers have helped them to live better, and have also made it easier for them to look after their families as results in table 5.40 below show. This suggests that their well-being situation prior to receiving the HSCT was less favourable.

**Table 5.40: Positive social effects of the HSCT on recipients**

	Epworth		Goromonzi	
	yes	no	yes	no
The HSCT transfers have helped me to live better	100,0%	0,0%	98,9%	1,1%
The HSCT transfers make it easier for me to look after my family	100,0%	0,0%	98,9%	1,1%

Qualitative data support the survey findings on the positive effects of the HSCT on social relations within HSCT beneficiary households. Box 5.9 is a case study of a female beneficiary from Goromonzi's ward 4.

**Box 5.9: Case study: Uses of HSCT payments by a female-headed HSCT beneficiary household, ward 4, Goromonzi district**



Jane (not her real name) is a 44 year old widow. Jane went as far as primary school, which she could not complete due to financial problems. She has sole care of eight children. Her oldest is 26 and her youngest child is 13. School fees are clearly a challenge for Jane with this number of children to care for. Jane pays secondary school fees for four of her children. Jane receives HSCT of US\$50 every two months and uses her HSCT mainly to meet the food needs of the household and to pay for some of her children's school fees. Since receiving HSCT, Jane has been able start her family's income-generation projects – a small poultry project and vegetable vending business by the roadside. She started with three chickens and the number has since grown to more than ten. Some of the chickens are currently sitting on eggs and she expects that the total number of chickens in her fowl run will grow to sixty by year end. Her family is benefitting from the eggs and some of the chickens which they slaughter for meat.

Through the HSCT, Jane was also able to join a local community water project whose members made small but regular financial contributions towards installing piped water in their community. With her financial contributions to the project, she has been able to install piped water at her homestead. With this reliable supply of water, she started growing vegetables for consumption, and sells the surplus to the community. Jane explains that her children are proud of what she has achieved for the family through responsible and positive use of the HSCT. In the words of Jane, "Using the HSCT in a responsible way has strengthened the social bonds between me and my children. My children now can eat chicken meat, and have eggs for breakfast, something they had never dreamed of prior to the introduction of the HSCT. We are happy as a family."

One male head of household from Goromonzi's ward 4 in Chibanda village described the HSCT transfers as improving social relations within his household because it reduced sources of tensions and stress:

The HSCT transfers lubricate social relations within my family. We used to struggle to put food on the table and my wife and children looked up to me to provide for them. I had nothing to help the family with. We survived on begging and handouts from good Samaritans. We ate one meal per day and sometimes went to bed hungry. My children were often sent back home from school because we could not raise money for their school fees. The atmosphere in the household was one of unhappiness and despair. When we started receiving the HSCT, and each time I returned from the payment point with groceries, I could see happy faces among my family members. We now eat at least two nutritious meals per day, and we eat together as a family. Now my children are at peace with their education, and I can see improvements in their performance as the HSCT has enabled them to attend and concentrate on their studies.

Survey data indicate that heads of beneficiary households or registered cash recipients shared information about the HSCT with other households or family members. This sharing of HSCT information within the beneficiary household is an important proxy indicator which demonstrates strengthening of intra-household social relations. Data in table 5.41 indicate that 71.7% of respondents in Epworth and most (82.6%) of the respondents in Goromonzi said they shared HSCT information they received from programme officials at HSCT payments with other household members.

**Table 5.41: Sharing of HSCT information with other household members**

		District		Total
		Epworth	Goromonzi	
In the last 2 years, have you shared any HSCT information with your household/family members?	Yes	71,7%	82,6%	119
	No	28,3%	17,4%	33
Total		60	92	152

Qualitative data show that they shared information relating to the design and operational features of the HSCT and other subject areas, for example:



purpose of the HSCT; advice on responsible use of the HSCT payments, child protection services, birth registration; payment point procedures; payment dates; transfer sizes; help desk and change management issues. This information is obtained primarily from the payment point and usually conveyed through the pre-cash distribution speech delivered by MOPSLSW officials.

The research documented sources of support on which HSCT beneficiaries would call on in times of need, for example personal and family situations or problems that they must deal with. Findings show that most of the HSCT beneficiaries in Epworth (45.2%) and in Goromonzi (49.5%) count on other family members within their households in a situation in which they were sick and not able to carry out their usual activities for at least a week. This finding is a useful proxy indicator for positive social relations that exist in most of the HSCT beneficiary households for it would be unlikely that beneficiaries could turn to immediate family members within the household for support on an important situation such as illness if they did not have positive social relations.

The study identified some negative effects of the HSCT on intra-household social relations. A focus group discussion with HSCT focal persons from ward 1 in Epworth cited one case in which the HSCT seems to have contributed to the weakening of a beneficiary household's bonding social capital. In this household the registered recipient was the husband, a widower. Each time he collected the HSCT, he would not return home but would go and spend the money with his concubine, colloquially referred to as a "small-house" in Zimbabwe. His household was not benefitting from the cash transfer yet it was the household selected to receive the HSCT. His children raised complaints with the HSCT focal persons about their father's neglect of them. The focal persons referred the case to the HSCT programme officials. The programme officials decided in the best interest of the household's children to change the recipient of the cash from the man to one of the HSCT focal persons who is a neighbour to the household. When the man realised that he could no longer collect the cash from the payment point, he moved out of his household and went to live with his "small house" leaving his children in the care of neighbours and the HSCT focal person. The CPC member confirmed that she

is now the registered recipient for the family as a temporary measure while the household looks for a trusted adult relative to collect cash on behalf of the children. In this case therefore, the HSCT appears to have driven negative relational consequences between the man and his children, thus weakening the social bonds between them.

#### **5.5.1.2 Gender relations within the HSCT households**

The views expressed by respondents on the effects of the HSCT on intra-household gender relations in the two districts were mixed. Household survey data show that a majority of beneficiaries in Epworth (63.3%) and Goromonzi (58.9%) said the HSCT had not changed the relations between men and women in their households. One male from ward 4 in Goromonzi said: “We always understand each other on matters to do with management of finances in my household. There have been no changes in our relationship as husband and wife.” Yet other respondents from the two districts were neutral on the subject. For example, one female beneficiary from Epworth’s ward 1 said: “We are all females in this household and so the gender relations question does not apply to my household.” Qualitative data indicates that respondents who said the HSCT had changed gender relations in their household based it on the following accounts highlighted in Box 5.10 below.

**Box 5.10: Beneficiary accounts of effects of the HSCT on intra-household gender relations**

"We quarrel a lot over the use of the HSCT money in the house, and sometimes we go for days without actually talking to each other. My wife has her own priorities and I have my own over the use of the cash. The change has rather been negative in my household" – male beneficiary from ward 4 in Goromonzi.

"I plan the use of the HSCT cash with my adult son who stays with me here. I consult him on how we should divide the money across different needs in the house. This is something I never used to do before" – female beneficiary from ward 15 in Goromonzi.

"Ours is a polygamous marriage. I am always fighting my husband over the conduct of the first wife as she takes all the HSCT money that we receive in this household" – female beneficiary from ward 4 in Goromonzi.

"My husband appreciates the HSCT because it has reduced the burden on him to provide all for the family. He said to me the HSCT is welfare income and as such he decided that I should manage it for the good of the family. I feel empowered and respected by his flexibility to allow me to manage the income from the HSCT. So far this arrangement is working well for us" – female beneficiary from ward 15 in Goromonzi.

"When I was still in paid employment, I used to make all decisions about how, and what I should use my salary for. My wife had no say at all. The HSCT is a different form of income. It is household income and not personal income. We agreed with my wife that we should plan and decide together the use of the HSCT" – male beneficiary from ward 1 in Epworth.

"The HSCT has improved my relationship with my four sons. They feel happy that through the regular HSCT income, I have been able to buy them food, and pay their schools. They used to perceive me as a parent who is incapable of providing them the basics for survival" – female beneficiary from ward 1 in Epworth.

Qualitative data shows that some men from beneficiary households in which the wife was the registered recipient of the HSCT said they gave control and decision-making powers over HSCT allocations, expenditures and savings in the household to their wives. The commonly cited reasons for this "empowerment of women" was that the HSCT was a social welfare grant to help meet the needs of the household and women knew best a households' welfare needs. In addition, the male spouses said they had confidence their wives could manage well the household income from the HSCT. However, one male respondent said he would retain control and decision-making powers over household income that he generated from doing paid activities

such as casual labour. His justification was that he did not want to interfere with household income that was tied to specific welfare objectives for the family. His opinion was that there could be consequences on him from the programme officials were he to decide on how the cash transfer should be used, particularly if used outside of the areas suggested or advised by programme officials at HSCT payment points. The respondent also said he thought the HSCT was “protected income” which could not be spent anyhow.

The FGD with HSCT focal persons from ward 15 in Goromonzi cited a domestic violence case involving a male registered HSCT beneficiary who physically abused his wife for questioning the man’s decisions on the use of the HSCT. Disagreements between the husband and wife over the use and control of the HSCT income were said to have been a regular problem in the household, and this led to frequent acts of domestic violence. The husband is reported to have often told the wife that the HSCT income was his money as he was the registered beneficiary. According to him, the HSCT benefitted individuals and not households. He compared the HSCT to a social pension. The wife contacted one of the CPC members in the ward and informed her about the acts of domestic violence perpetrated against her by her husband and that decisions over use and control of the HSCT were sources of the domestic violence. CPC members addressed the case in two ways: (1) they held meetings with the couple and clarified to the man that the HSCT is a household transfer that should benefit all household members; (2) they referred the case to HSCT programme officials who then changed the registration details of recipient of the cash from the man to the wife. CPC members said that the change was explained to the husband prior to taking effect. According to CPC members the man did not object to the idea that his wife could receive the HSCT cash directly. He is said to have accepted that his wife was probably better positioned to manage the HSCT cash to the benefit of the household.

Focus groups discussion with HSCT focal persons in ward 4 of Goromonzi revealed a similar case of domestic violence to the one cited above. The case

was resolved by changing the beneficiary registration details from husband to wife.

While the two cases of domestic violence appear to be isolated cases in the programme, they suggest that the characteristics of the main recipient of the HSCT, that is, whether male or female may have social effects on intra-household gender relations and decision-making processes. In both cases women were seen by HSCT programme officials as more likely to spend the HSCT on meeting the household's welfare needs resulting in them becoming *de facto* heads of household. In this way, the HSCT seems to have challenged or transformed the dominant social and cultural norm which views the man as the head of the household with significant control or influence over resource allocation decisions.

#### **5.5.1.3 Generational relations within HSCT households**

In the HSCT beneficiary households that were interviewed, the HSCT was described as improving social relations between children and their elderly caregivers. The elderly caregivers share information about the HSCT with their children and grand-children. The cash recipients said their children and other household members knew about the purpose of the cash transfer, size of the transfer and payment dates. One elderly beneficiary aged 91 and from ward 15 in Goromonzi district described her relationship with the younger generation members of her household as “mutually beneficial”. She said the young members of her household cared for her and helped her by doing most of the household chores which she can no longer actively do on account of age such as cooking, washing, and fetching water from the communal water point located a distance away from the household. In turn, she collected cash from the HSCT payment point which was used to buy food for the family, pay fees for the primary school-going orphans in the household, and occasionally to hire casual labour during the cropping season. She reported buying clothes and school uniforms for her grandchildren – something that have made them proud of her. She also said she told her grand-children that her old age and their orphanhood status were the reasons they were receiving the HSCT suggesting they both contributed to the household's eligibility to receive the

HSCT. She asserted that this was the basis upon which the strong social bonds between her and the children in the household were founded.

#### **5.5.1.4 Strengthening social bonds between HSCT beneficiaries**

Household survey data in table 5.42 below show that a majority of HSCT beneficiaries in Epworth and Goromonzi preferred travelling to the HSCT payment point with other HSCT beneficiaries from their village or neighbourhoods. However, considerable numbers of beneficiaries in the two districts said they travelled alone to the payment points to collect their transfers.

**Table 5.42: Travel to the HSCT payment point: results shown by district**

	Epworth	Goromonzi	Total
I travel alone	41,9%	39,1%	62
I travel with other household members	9,7%	4,3%	10
I travel with other HSCT beneficiaries from my village/neighbourhood	48,4%	51,1%	77
I travel with non-beneficiary neighbours/friends from my village	0,0%	5,4%	5
Total	62	92	154

The most common reasons cited by beneficiaries for their preference to travel with fellow beneficiaries to the payment point include: (1) safety and security risks reduced when travelling with others, (2) to discuss and share HSCT and life experiences, (3) companionship makes the trip easy and short, (4) to develop and new strengthen friendships; (5) to learn more about the socio-economic situation in other villages; and (6) health and disability reasons. In the words of a female beneficiary from ward 5 in Epworth: “We share similar socio-economic characteristics as HSCT beneficiaries, so we finding it easy to travel to and from the payment together. I do not trust travelling to the payment point with people I have nothing in common with.” Another female beneficiary from ward 4 in Goromonzi said: “I am too old to travel alone to the payment point. I also have problems with my sore feet. I walk to the payment point with other HSCT beneficiaries from my village just in case I may need emergency health care along the way.”

Household data in table 5.43 but for the entire survey sample were analysed by gender to establish whether or not there is a gender pattern on who preferred to travel to the payment point with fellow beneficiaries.

**Table 5.43: Travel to the payment point: results for the entire sample shown by gender**

	Male	Female	Total
I travel alone	39,3%	40,9%	62
I travel with other household members	6,6%	6,5%	10
I travel with other HSCT beneficiaries from my village/neighbourhood	47,5%	51,6%	77
I travel with non-beneficiary neighbours/friends from my village	6,6%	1,1%	5
Total	61	93	154

The results show that slightly more females (51.6%) than males (47.5%) said they travelled to the payment point in the company of other HSCT beneficiaries suggesting that gender does not appear to be a factor in beneficiaries' decisions about who to travel with to the payment.

Survey respondents were asked if they had made new friends at the HSCT payment points. Table 5.44 shows that most of the HSCT beneficiaries in the two study districts made new friendships at HSCT payment points. This result points to the social function of the payment point beyond its primary purpose of cash collection.

**Table 5.44: Respondents who stated they made new friendships at HSCT payment points**

	District		Total
	Epworth	Goromonzi	
Yes	58,3%	56,7%	86
No	41,7%	43,3%	64
Total	60	90	150

On where the new friends were from, results in table 5.45 indicate that most of the survey respondents in Epworth said their new friends were from my village/area (localised), while in Goromonzi a majority of the respondents said their new friends were from other villages/areas in my ward. These findings indicate that the social network of new friendships is wide in Goromonzi as the new friendships are with people from "other villages/areas in my ward".

**Table 5.45: New friends: where are they from?**

Where are these friends from?	District		Total
	Epworth	Goromonzi	
My village/area	57,1%	33,3%	37
Other villages/areas in my ward	31,4%	64,7%	44
Other wards in the districts	11,4%	2,0%	5
Total	35	51	86

Beneficiaries cited a number of important benefits arising from these new friendships. Qualitative evidence show that they include but are not limited to: (1) sharing information and ideas about productive use of the HSCT, (2) the excitement about the expansion of one's social network thereby reducing feelings of isolation and loneliness for some, (3) source of support and comfort, and knowing that they have similar life experiences, (4) social solidarity, (5) exchange of ideas and experiences on crop and livestock farming, (6) exchange information about different types of income-generation projects to supplement our HSCT income, (7) share information about funeral insurance schemes, (8) share food while waiting at the payment point, and (9) spiritual information including thanking the lord for "granting them the favour of being selected to receive the HSCT money".

In the words of one male beneficiary from ward one in Epworth:

We motivate each other to find other productive economic activities to help our families so that we are not overly dependent on the HSCT payments. One day the scheme will not be there, and we might not have a safety net to help us.

Another male beneficiary from ward 5 in Epworth said:

I got to know about the importance of investing in a funeral insurance scheme from a new friend of mine who is also an HSCT beneficiary. He lives here in my area but I didn't know him until we met at Makomo Primary school from where we collect our HSCT. As a result of my friendship with him, I have now joined Nyaradzo funeral insurance scheme, something that will help my family when I am no longer there.



A female beneficiary from ward 15 in Goromonzi said:

We encourage each other to go for HIV tests, and share information about where to access antiretroviral treatment and counselling. In this way we have helped each other to live positively with HIV.

One female beneficiary from ward 4 in Goromonzi was less positive about how she has benefited from these new friendships. “We just exchange greetings. There are no benefits from these temporary and spatial friendships.”

Qualitative findings indicate that some of the women beneficiaries formed new membership groups that have social and economic benefits effects for their households. The case study in box 5.8 below provides evidence to support this finding.

**Box 5.11: Case study - formation of a subscription-based membership club by HSCT beneficiaries in ward 15, Goromonzi district**



Maria (not her real name) aged 41, and from ward 15 in Goromonzi district set up an Internal Savings and Lending (ISL) club with eight (8) fellow HSCT beneficiaries, most of whom she met and made friends with at St. Peter's payment point. The ISL is called Kushinga, which translates to "bravery" in English language. The membership of the club is all women and they are from three different villages – highlighting the bridging nature of their social ties. Maria is the founder, and treasurer of the group. Leadership positions are assigned on a rotational basis and each member has a chance to be the club's secretary, treasurer or chair. The Kushinga ISL members meet monthly, and in the month of HSCT cash distributions – the members take advantage and the convenience of meeting on the payday. Through the ISL activities, members in the group have got to know each other better and have built trust-based social relations through their repeated interactions, and beyond the core objectives of the club.

The study examined social relations between male and female beneficiaries at HSCT payment points. When asked whether beneficiaries of different genders got along well with each other at the HSCT payment points, an overwhelming majority of HSCT beneficiaries in Epworth (95.2%) and in Goromonzi (94.6%) said social relations were positive between male and female HSCT beneficiaries at the payment point. They attributed this to several reasons including: (1) trust built over time through repeated interactions between beneficiaries at payment points; (2) the HSCT gave beneficiaries a common social identity and as such beneficiaries considered themselves as “socially-alike,” (3) most beneficiaries said they knew each other back in the villages, and the HSCT had only served to strengthen their social ties since they now meet more frequently,

When asked whether beneficiaries of different generations (young and old) get along well with each other at HSCT payment points, there was positive agreement amongst nearly all respondents in the two districts (Epworth 95.2% and Goromonzi 94.4%) that the young and old beneficiaries get along well with each at payment points. Household survey findings indicate several beneficiary accounts explaining why social relations between generations at the payment point were cordial. One female beneficiary from ward 4 in Goromonzi said: “We live together back in the villages and neighbourhoods and our social relations are not affected by temporary change of location as we go and collect our HSCT money from Murape hall”. A male respondent from ward 1 in Epworth said: “The HSCT makes all of us feel happy and we share this excitement at payment points”. In the words of a 91 year old respondent from ward 15 in Goromonzi: “The HSCT payment point is a social meeting place and people reconnect with old friends and relatives they would have last seen a long while ago.” One male beneficiary aged 28 years and also from ward 15 in Goromonzi said he was happy to reconnect with his old uncle at the payment point stating he had last met him in 2011 prior to the introduction of the HSCT. Every time he goes to collect his cash transfer at St. Peter’s secondary school in ward 15 of Goromonzi, he makes sure he arrives early so that he has time to “tap on his uncle’s wisdom,” and to hear

stories from his village – an indication that the HSCT payment point has important social value for beneficiaries.

### Box 5.12: Social relations of beneficiaries - payment point observations



Payment point observations indicate that the HSCT programme has not changed deep socio-cultural norms in the recipient communities particularly the traditional sitting arrangements between males and females at community gatherings or social events. While waiting for cash distribution to start, women sit on one side, and men on the other side. However, the social distance between the two is small. In some cases males and females from the same households go to the payment points together. When they arrive, they split with the males joining their counterparts, and the females doing the same. One male beneficiary from ward 5 in Epworth said of the sitting arrangement: "We uphold our social and cultural values even at the HSCT payment points. The way we socially-organise ourselves at the payment point is similar to how we would organise ourselves back in our communities, for example, at funerals, community events and even at church. These are values we hold dearly on to. I am glad that the HSCT is reinforcing these values".

The HSCT payment points bring together beneficiaries and ordinary people of different generations and age groups. In this sense, the payment point can be described as a demographic hub. About 69 percent of the HSCT households interviewed are headed by the elderly (60+) with most of them travelling to the payment points to collect their bimonthly transfer. Some physically disabled and sick beneficiaries also attend payment points and are often helped by other beneficiaries to navigate the payment process.

HSCT beneficiaries highlighted the value of attending pay points in person from a social relations perspective as a way of connecting with fellow beneficiaries, formation and strengthening of bonding and bridging social ties, exchanging information and accessing complementary services.

### 5.5.1.5 Social relations between beneficiaries and non-beneficiaries

The study collected and analysed quantitative and qualitative data on several variables in order to establish whether or not the HSCT had affected social relations between beneficiaries and non-beneficiaries in recipient communities. The evidence is mixed as shown in the results presented below.

HSCT beneficiaries were asked whether the social differentiation arising from the HSCT targeting and selection process and leading to the creation of categories “HSCT beneficiaries” and “non-beneficiaries” is a source of social tensions, conflicts or social divisions in the communities. Household survey data in table 5.46 show that respondents’ views on the matter are somewhat balanced between those who said the categorisation indeed resulted in social tensions and divisions, and those who said there were no problems associated with the labels in their communities.

**Table 5.46: Beneficiaries' views on the creation of categories "beneficiary" and "non-beneficiary"**

Do you think the creation of categories HSCT beneficiaries and non-beneficiaries leads to social tensions, social divisions and/or conflicts in your community		
	District	
	Epworth	Goromonzi
Yes	49.2%	49.4%
No	50.8%	50.6%
Total	59	89

In cases where beneficiaries cited social tensions as prevalent, household survey findings indicate several reasons that were behind the tensions between beneficiaries and non-beneficiaries. A female beneficiary from ward 5 in Epworth said the social differentiation of who deserved the HSCT and those who were not eligible to receive the HSCT is a source of tensions between the two groups in her community. She said non-beneficiaries were unhappy that HSCT beneficiaries were also receiving grain from the Government scheme. She said for much of the time, most non-beneficiaries did not know the identities of HSCT beneficiaries until the “lid” was lifted during a grain distribution scheme. The officials at the distribution point had asked HSCT beneficiaries to stand in a separate queue while the rest of the

community members (who are not HSCT beneficiaries) stood in another. It was at this point that the recipients of the HSCT were publicly identified and became known to non-beneficiaries. The non-beneficiaries queried why HSCT beneficiaries were also recipients of grain – a case of double benefit. According to the respondent, relations between the two groups have never been the same since then.

In the words of a female beneficiary from ward 1 in Epworth:

Petty jealousies are rife in my area. However, the best solution is to ignore them and carry on with life. Many non-beneficiaries whether deserving or not would like to be part of the HSCT.

A male beneficiary from ward 1 in Epworth said:

Yes, there are tensions between HSCT beneficiaries and non-recipients. The tensions are noticeable when we go for long periods of time without receiving the HSCT as happened during the six-month delay between March and September 2016. When we approach the non-beneficiaries for temporary help with basic goods such as mealie-meal and cooking oil, most of them refuse to help us saying when we have never shared HSCT benefits with them.

In the words of a female HSCT recipient from ward 4 in Goromonzi:

Non-beneficiaries in my area wonder and question how we were selected to receive the HSCT money. Every time when we go to collect our transfers from Murape payment point, non-beneficiaries cannot hide their unhappiness towards us. Some of them have even suggested that we were favoured or bribed our way into the HSCT scheme. *Mitauro inowanda mwanangu kana tave kunotambira*. (There is too much negative talk from non-beneficiaries during the cash collection days).

A female beneficiary from ward 15 in Goromonzi suggested that non-beneficiaries lack a correct understanding of the HSCT targeting method and

eligibility criteria. Consequently, this had caused jealousy and hatred within the community. A male beneficiary from the same ward suggested that some legitimate cases of exclusion errors in the HSCT had resulted in bad social relations between beneficiaries and non-beneficiaries. There are extremely poor households that were left out yet there are households with full time working adults which are receiving the HSCT.

Additional quantitative and qualitative data were collected on five other variables which are useful proxy indicators for examining the effects of the HSCT on social relations between beneficiaries and non-beneficiaries. Household survey findings show that most of the HSCT beneficiaries in Epworth and Goromonzi reported not sharing any portion of their HSCT cash transfer with non-beneficiaries in their villages or areas. Table 5.47 shows the distribution of results by district.

**Table 5.47: Sharing HSCT benefits - results shown by district**

		District		Total
		Epworth	Goromonzi	
In the last 2 years, did you share any portion of your HSCT cash transfer with non-beneficiaries in your village/ neighbour	Yes	21,0%	20,7%	32
	No	79,0%	79,3%	122
Total		62	92	154

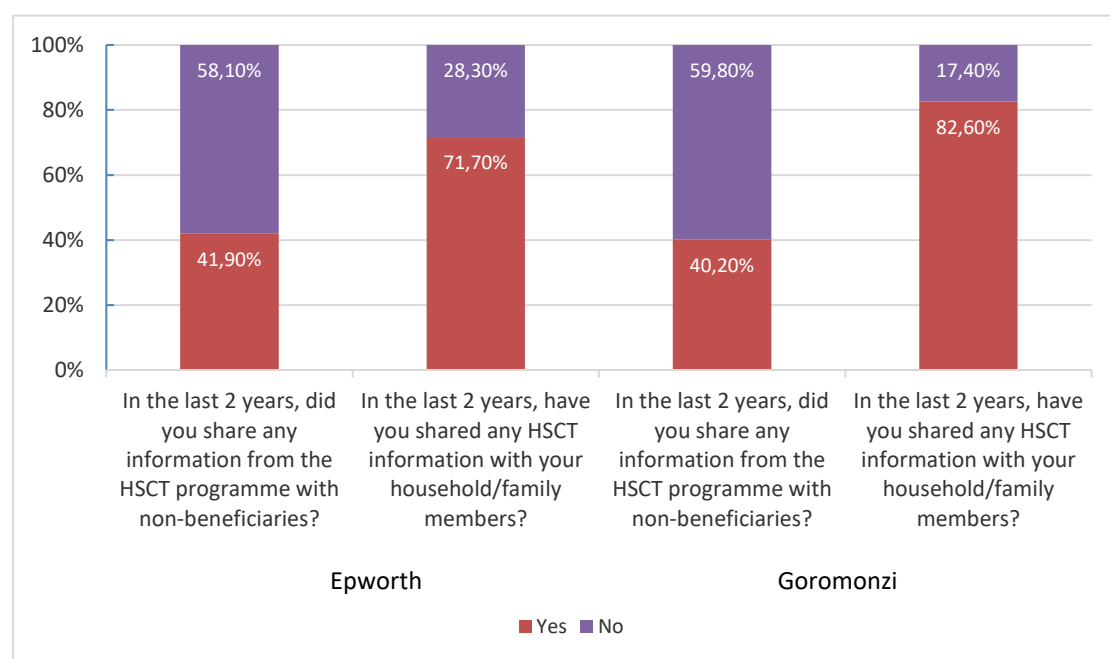
Qualitative data indicate that most of those who said they had not shared any portion of their HSCT with non-beneficiaries cited three reasons for this: (1) it was not easy to share cash compared to in-kind goods such as food; (2) the size of the HSCT was too small to spare any to share with others; (3) strained social relations. Beneficiaries said if they had some cash to spare from their HSCT, they were not going to share it with non-beneficiaries on account of limited trust. Non-beneficiaries in focus groups in Epworth and Goromonzi said they had no expectation at all to receive a portion of the HSCT from beneficiaries because their social relations were not very good. Above all, no one has extra cash to spare in these days of social and economic hardships in Zimbabwe. Traditionally, people have shared goods and not cash. Those who shared a portion of their cash transfer said: “a portion of their HSCT money shared with neighbours or non-beneficiaries is a form of social



insurance against future risk” when the giver may need that favour to be reciprocated in times of need.

With respect to sharing of HSCT information with non-beneficiaries, most beneficiaries in the two districts said they have not shared any HSCT programme information non-beneficiaries because they do not trust the latter, and in many cases they have had no reasons to do so. Figure 5.11 shows the distribution of responses for the “sharing of information” variable. The few HSCT beneficiaries who reported sharing information with non-beneficiaries said they shared information about HSCT targeting and eligibility criteria, and had referred some of the non-beneficiaries to CPC HSCT focal persons for queries related to exclusion from the HSCT. In an FGD in Epworth, non-beneficiaries said they do not dare ask HSCT beneficiaries for information about the programme because the latter was suspicious of their intentions behind asking for that information. “Beneficiaries do not share information about the HSCT. They think we may end up asking them for money, and you know, money is the root of evil.” Non-beneficiaries said in most cases if they wanted information about the HSCT, they approached HSCT focal persons who live in their areas.

**Figure 5.11: Sharing of HSCT information with non-beneficiaries - distribution of responses by district**



HSCT beneficiaries were asked if other people in the community know that they (beneficiaries) are receiving payments from the HSCT. In Epworth, 56.5% of the respondents said other people know about their HSCT payments while 41.9% said other people do not know they are receiving HSCT payments. In Goromonzi nearly all respondents (91%) said other people in the community know that they are receiving cash from the HSCT. Respondents were asked a further question: “Is it, or would it be a problem if others in the community know that you are receiving payments from the HSCT?” While most beneficiaries in the two districts do not think it is or it would be a problem if others knew they were receiving cash from the HSCT, 39.4% of respondents in Epworth and 38.7% in Goromonzi reported that it is or it would be a problem if others in the community knew they were HSCT beneficiaries. For these who said YES it would be a problem if others knew they were receiving payments, their most important concerns were fears of jealousy; safety; that they may be asked for money by others and that they may not get additional help in times of need. Table 5.48 shows the distribution of these results by district.

**Table 5.48: Most important concerns cited by beneficiaries if others in the community knew about their cash receipts**

	District		Total
<b>Most important concern</b>	Epworth	Goromonzi	
May be asked for money by others	7,7%	30,0%	4
May be asked to care for other family members	0,0%	10,0%	1
I will be embarrassed	0,0%	10,0%	1
Concerned for my safety	30,8%	20,0%	7
Jealousy	38,5%	20,0%	8
Concerned I will be removed from other social support programmes	7,7%	10,0%	2
May not get additional help in times of need	15,4%	0,0%	2
Total	13	10	23

While results for the five variables discussed above show that in most cases beneficiaries' responses were generally positive, the negative responses provided useful insights into the strained social relations of beneficiaries and non-beneficiaries as a result of the introduction of the HSCT in the communities. The unwillingness by most recipients to share any portion of

their HSCT benefits, withholding of HSCT information, and concerns about jealousy, safety and perceptions of risk of not getting additional help in times of need suggest that in some cases the HSCT weakened social ties between beneficiaries and non-beneficiaries.

Some HSCT recipients reported that social relations are still the same suggesting that the HSCT had not affected social ties between cash recipients and non-recipients. The survey asked beneficiaries questions regarding their networks of close friends, that is, people one feels at ease with, can talk to about private matters, or call upon for help. Results indicate that most HSCT recipients in Epworth (36.1%) and in Goromonzi (36.7%) said they had two close friends “these days”. Yet, 13.1% of respondents in Epworth and 10% in Epworth said they had no close friends. Others, 21.3% in Epworth and 35.6% in Goromonzi said they had one close friend.

The study further explored whether these close friends were mostly other HSCT beneficiaries or mostly non-beneficiaries. Results in table 5.49 below indicate that HSCT beneficiaries’ close friends were non-beneficiaries with whom they developed connections before the introduction of the HSCT. This suggests that the HSCT did not affect close friendships between beneficiaries and non-beneficiaries, that is, the HSCT did not weaken pre-existing social capital between HSCT beneficiaries and their close non-beneficiary friends. This is an important finding which supports the finding mentioned earlier that the HSCT had not affected social ties between beneficiaries and non-beneficiaries in some of the cases in the two study districts.

**Table 5.49: HSCT beneficiaries’ close friends**

Are these close friends mostly	District	
	Epworth	Goromonzi
Other HSCT Beneficiaries	11,8%	29,9%
Non-HSCT Beneficiaries	88,2%	70,1%
Total	51	77

Box 5.13 below gives beneficiary accounts suggesting no effects of the HSCT on pre-existing social ties between cash recipients and non-recipients.

**Box 5.13: Beneficiary accounts of their social relations with non-beneficiaries**

“We related well, greet each other as before. There is nothing unusual in the behaviour of non-beneficiaries towards us after the introduction of the HSCT. I may not know what non-beneficiaries think or say about me in private but in public where we meet and interact, I have not experienced or come across evidence of social tensions or conflicts.” – female HSCT beneficiary from ward 15 in Goromonzi.

“I have not seen or heard about social tensions between beneficiaries and non-beneficiaries. This may be because we are very few beneficiaries in my area, and we stay far apart to be known as HSCT recipients. I think many of the non-beneficiaries do not know much about the HSCT.” – female beneficiary from ward 4 in Goromonzi.

“We generally get along with non-beneficiaries as evidenced by our attending funerals and other community events together.” – male beneficiary from ward 1 in Epworth.

“There are no social conflicts or tensions because other needy people in our community are receiving relief assistance from other social welfare programmes such as food aid delivered by Plan International, and government’s grain distribution programme.” – Female beneficiary from ward 15 in Goromonzi district.

“No one has said anything negative to me as an HSCT beneficiary but from time to time there is gossip about tensions in the community.” – male beneficiary from ward 5 in Epworth.

“People in my community mind their own business. No one asks another about how they live or their means of livelihoods. We have that unwritten understanding in this community. As a result there are no social tensions caused by the introduction of the HSCT in my village.” – male beneficiary from ward 15 in Goromonzi.

Focus group discussion with non-beneficiaries in Goromonzi and Epworth indicate a similar pattern of mixed views on social relations between HSCT beneficiaries and non-beneficiaries. In Goromonzi's ward 15, non-beneficiaries said there were no visible social tensions between beneficiaries and non-beneficiaries and any such tensions that may arise would be mediated by religion particularly the Roman Catholic social teachings which strongly discouraged people from being envious of other people's wealth and possessions. However, the non-beneficiaries acknowledged that they did not have much information about the HSCT including its targeting method and eligibility criteria. They indicated that HSCT recipients in their neighbourhoods were not so keen to share with them information about the HSCT scheme and usually refer them to the community leaders particularly the village heads to get information about the HSCT. Some non-beneficiaries in the FGD said they were happy to see some of their poorest and most vulnerable neighbours benefiting from the HSCT because this was a huge relief to them as begging had stopped. Furthermore they pointed that most of the HSCT beneficiaries they knew in their area were using the HSCT cash positively.

In the words of a female non-beneficiary in an FGD in Goromonzi's ward 15:

I have seen some beneficiaries buying maize seed and fertiliser, and small livestock like chickens and rabbits. They are doing really well and I feel happy for them. Some of the HSCT recipients are inspirational in what they do.

A male non-beneficiary in the same FGD had a less favourable view of how some of the HSCT beneficiaries were using their cash transfers:

I have come across two HSCT recipients misusing their money. They receive \$50 each but get home with less than \$10. All they do is spend most of the cash transfer on beer drinking and smoking in the community beer halls. They end up begging some of us for money to use at the grinding mill. I have on many occasions advised them to use their cash transfers wisely. I told them the next time I see them

drinking beer after collecting their cash transfers from St. Peter's, I will inform Mrs Pox, the CPC HSCT focal person in our village.

Evidence from an FGD with non-beneficiaries in Epworth appears to suggest that the HSCT had led some non-beneficiaries to develop a negative attitude towards HSCT beneficiaries. One female non-beneficiary in the FGD said:

The size of the cash transfer is not large enough for HSCT beneficiaries to buy material things such as pieces of furniture or assets like cars to show off with. They can only buy very basic commodities for survival. In most cases many of us non-beneficiaries are still ahead of beneficiaries in terms of wellbeing and wealth.

Qualitative evidence from an FGD with CPC HSCT focal persons in Goromonzi support the view that social relations between beneficiaries and non-beneficiaries are strained in some ways. The HSCT focal persons said some of the beneficiaries do not feel comfortable when they see them talking to non-beneficiaries or even in cases where they have leave payment date and location messages with non-beneficiaries for onward transmission to HSCT beneficiaries who are neighbours with them. In the words of one HSCT focal person, and supported by other members in the FGD:

HSCT beneficiaries do not want to see us visiting or interacting with non-beneficiaries because they think that we will be conniving with non-beneficiaries to remove beneficiaries and replace them with non-beneficiaries. When we visit a beneficiary household to inform them about payment dates and locations, and we do not find them at home, we sometimes leave messages with non-beneficiaries. However, we have found out that these messages are deliberately not conveyed to HSCT beneficiaries – a clear indication of strained social relations between the two groups. Consequently, some of the HSCT beneficiaries miss collection of their transfers.

The case study in box 5.14 below is an account of strained social relations between a female non-beneficiary and HSCT beneficiaries in a polygamous marriage in Goromonzi.

**Box 5.14: Case study - non-beneficiary's account of social tensions and divisions triggered by the HSCT in a polygamous marriage**

Memory (not her real name) is not an HSCT beneficiary. She lives in ward 4 in Goromonzi. She is the second wife in a polygamous marriage with 4 other wives. Each of the 5 wives has her own household within the same compound. They are all widows as their husband died in 2012. Memory said wives number 1 and 5 are related as aunt and niece even though they were married by the same husband. Wives 1 and 5 are HSCT beneficiaries and receive \$50 each every 2 months.

Memory is disabled with blindness and is chronically ill. Her household has 9 members being herself, 7 grandchildren and 1 daughter – Letwin (not her real name). She has sole care of all household members. Memory had 8 children in total but 5 died. The other 2 surviving adult children do not live with her. Letwin has 5 children and is separated from her husband. Letwin's 5 children live with Memory. Two of her children are in lower primary school grades. One girl is not in school because they failed to get money to pay for her school fees. One boy is 4 and half years old and will soon have to start primary school but is unlikely to enrol because they cannot raise the his fees.

Memory has a 2-roomed house and a separate kitchen hut. Food, healthcare and school fees for her grandchildren are clearly a challenge for Memory. She says her household has “survival problems through and through, and is going through deep suffering”. She says they survive on begging from neighbours and often get grain handouts from the local village head.

Memory says she is aware of the HSCT programme. For her, the HSCT is one of the source of social tensions and divisions between families in the compound. She feels her household was wrongly excluded as she is more deserving than the other 2 wives' households. According to Memory, the first wife stays with her granddaughter. She has eight children who are now working adults and live with their families off the compound. One is a teacher while the others are cross border traders. Memory says there is a strong likelihood that her exclusion from the HSCT is a result of connivance of wives number 1 and 5. Memory queries how the HSCT targeting enumerators missed the other three wives' households (including hers) during the targeting survey yet they all live in the same compound. Memory says it is more than a coincidence that the HSCT could only register wives number 1 and 5 and who happen to be related. She only learnt of the targeting survey after the enumerators had left the compound, and that this information had been shared by neighbours.

Memory says the social relations between the wives who are HSCT beneficiaries and the other 3 who are non-beneficiaries are strained. Wives number 1 and 5 do not share their cash transfers, goods including food, and clothing with other families. The problem is made worse by the death of the husband. Before he died, he mediated the allocation of resources between his wives and their households.

Memory raised her exclusion complaint with the CPC HSCT focal persons in her ward. She said they noted the complaint down and forwarded it to MOPSLSW officials but no action was taken. Memory's case is an example of an exclusion error in the HSCT. She blames the other wives and the HSCT's rules for her exclusion. In the former case, she suggested that for polygamous marriages it might be better to share the HSCT proportionately between each wife's household. In the case of HSCT rules, she feels the scheme should enrol new households to replace those no longer meeting the eligibility criteria, dissolved households or in the case of attrition due to deaths.

A key informant interview with the councillor from ward 15 revealed that there had been cases of social tensions between beneficiaries and non-beneficiaries in his area. These arose after some of non-beneficiaries

identified that known people who are on government's social pension payroll were also benefitting from the HSCT. Non-beneficiaries had questioned the inclusion of pensioners in the HSCT yet there were some deserving but wrongly excluded people from the community. The pensioners were not happy that non-beneficiaries had queried their participation in the HSCT and took it as jealousy.

Distilling the findings on the social relations between beneficiaries and non-beneficiaries, it appears that the design and implementation features of the HSCT that drive the weakening of the social ties between beneficiaries and non-beneficiaries are: targeting method; non-beneficiary perceptions of the HSCT's eligibility criteria which differ from those represented by the proxy means test; non-beneficiaries' perceptions of exclusion and inclusion errors in the HSCT; actual cash benefits, and HSCT programme information. Most non-beneficiaries in FGDs noted that the circumstances of many of the current beneficiary households had significantly improved with some HSCT beneficiaries accumulating small livestock and building brick rooms and houses.

#### **5.5.1.6 Social ties between beneficiaries and HSCT focal persons**

Household survey data supported by qualitative findings from FGDs with HSCT focal persons suggest that the HSCT has positive effects on social relations between beneficiaries and CPC HSCT focal persons. The focal persons provide a vital link between the HSCT scheme and beneficiaries. Without this link the HSCT would face operational difficulties at community levels. Household survey data indicates that nearly all respondents in Epworth (98.4%) and in Goromonzi (96.7%) were happy with the way they are treated by HSCT focal persons. Box 5.15 shows picture of HSCT focal persons at a payment point in Epworth. Box 5.16 gives beneficiaries' accounts of their social relations with focal persons.



**Box 5.15: HSCT focal persons at a payment point in Epworth**



Anti-clockwise from top: **Picture 1:** A team of CPC HSCT focal persons at an HSCT payment point in Epworth. A majority of the HSCT focal persons in all HSCT districts are women. **Picture 2:** An HSCT focal person helps an elderly HSCT beneficiary to check the correctness of her cash transfer before she left the payment point. It is a programme requirement for beneficiaries to count their money before they leave the payment point. **Picture 3:** An HSCT focal person helps maintain an orderly queue of beneficiaries waiting to receive their cash payments. The focal persons also check if beneficiaries have brought the correct identification documents which are required to facilitate their access to the cash transfers.

**Box 5.16: Beneficiaries' accounts of their social relations with HSCT focal persons**

"The focal persons are helpful to us. They regularly inform us about payment dates and locations reminding us to bring our HSCT identity cards or national identification documents to the payment point. I trust them a lot." – female beneficiary from ward 15 in Goromonzi.

"When I missed my payment during 24<sup>th</sup> HSCT payment round due to illness, the focal person informed programme officials about it. She also came to visit and check on me. She has become a close friend to me. I confide in her." – female beneficiary from ward 4 in Goromonzi.

"Mrs Pox (HSCT focal person) is warm person. She visits very often even when we are not yet due to receive our payments. She helped a lot of HSCT beneficiaries in my village to start up parenting clubs." – female beneficiary from ward 15 in Goromonzi.

"We relate well with focal persons. They are not just focal persons but our neighbours as well. They are well respected in our community. The work they do on HSCT is helping our community." – male beneficiary from ward 5 in Epworth.

"I am very old and frail. I rely on HSCT focal persons to accompany me to the payment point, and to help me collect my cash transfer and checking if it is the correct amount. They show compassion and care for me." – male beneficiary from ward 1 in Epworth.

"I interact with CPC members when they come to inform me about HSCT payment dates. I also see them regularly when they facilitate sessions in our family clubs. I have developed strong ties with HSCT focal persons to the extent that if I have a problem of any nature, I approach them. I trust them a lot." – female beneficiary from ward 15 in Goromonzi.

"I have never been visited by an HSCT focal person to inform me about payment dates. I often get information about payment dates and location from other beneficiaries. In December 2016, I missed collecting my HSCT payment because no CPC informed me about it. I am not sure of the role of HSCT focal persons." – female beneficiary from ward 4 in Goromonzi.

"I knew most of the HSCT focal persons before they joined the HSCT. We had developed good social relations before the introduction of the HSCT in our community. The HSCT has strengthened my pre-existing social ties with them. They pay me home visits although with less frequency now because their bicycles have broken down" – female beneficiary from ward 1 in Epworth.

"Our relations are friendly. We cooperate well with focal persons, and they represent us by forwarding our grievances and complaints to programme officials. They also advise us on how to use the HSCT money wisely." – male beneficiary from ward 4 in Goromonzi.

Qualitative findings from FGDs with HSCT focal persons support the mostly positive views shared by beneficiaries on their social ties with focal persons. FGDs with focal persons from ward 4 in Goromonzi and Epworth consistently stated that HSCT focal persons had good relations with beneficiaries. They said that beneficiaries valued the work they do on the HSCT and supported as they carry out their work. One challenge that was raised in an FGD in Goromonzi is that some of the beneficiaries do not convey payment information to other beneficiaries and this has on occasions resulted in some beneficiaries missing out on collecting their cash transfers. In Epworth, the HSCT focal persons said in the early stages of the HSCT, some of the HSCT beneficiaries falsely believed that they get paid for the voluntary work they do on the HSCT programme. This had caused a misunderstanding which led beneficiaries to insist that the focal persons should use the “money they earned from the HSCT to contact them” in cases where they had challenges locating beneficiaries for the purposes of informing them about payment dates and locations. The misunderstanding was subsequently addressed during a pre-cash distribution speech at Makomo primary school.

The findings on positive social relations between HSCT focal persons and beneficiaries suggest that this is primarily driven by the HSCT’s payment method and process, and the role of the focal persons on the programme. The payment process requires HSCT focal persons to inform beneficiaries about payment dates and locations on a regular basis. They also help beneficiaries with the payment process at the payment points, and occasionally refer their complaints and grievances to programme officials. Through this repeated and systematic interaction, social relations between the two groups have been formed and strengthened. This operational feature of the HSCT has probably strengthened the symbolic role of the HSCT focal persons in their communities as accounts of some of the beneficiaries have demonstrated for example, that HSCT focal persons are respected in their communities.

### 5.5.1.7 Strong linking social capital between beneficiaries and programme officials

The household survey included a set of questions which represented useful proxies for examining the effects of the HSCT on social relations between beneficiaries and programme staff – mainly MOPSLSW and payment delivery officials. The study examined implications of programme processes and personnel conduct towards beneficiaries on social relations between beneficiaries and programme officials. Qualitative evidence from key informant interviews with MOPSLSW official and FGDs with CPC HSCT focal persons is used to triangulate and complement household survey data.

Table 5.50 presents descriptive findings of beneficiaries' perceptions of HSCT personnel's conduct in terms of how they are treated at payment points and whether or not staff exhibit care, compassion and understanding towards the elderly, disabled and sick beneficiaries.

**Table 5.50: Beneficiaries' perceptions of how they are treated by HSCT personnel at payment points**

	In general, are you happy with the way you are treated by the Securico (HSCT payment delivery agent) staff when you go to collect your CT at the payment point		In general, are you happy with the way you are treated by staff from the Department of Social Services (DSS) when you go to collect your CT at the payment point		In general, do you think Securico (HSCT payment delivery agent) staff exhibit care, compassion and understanding towards the elderly, disabled, sick or children who come to collect their CT		In general, do you think staff from the Department of Social Services exhibit care, compassion and understanding towards the elderly, disabled, sick or children who come to collect their CT		Total (N)
	Yes	No	Yes	No	Yes	No	Yes	No	
Epworth	100,0%	0,0%	100,0%	0,0%	25,8%	74,2%	27,4%	72,6%	62
Goromonzi	97,8%	2,2%	98,9%	1,1%	23,9%	76,1%	23,9%	76,1%	92

While nearly all respondents in the two study districts said they were happy with the way they were treated by MOPSLSW and Securico officials at payment points, the results are negative for the conduct of payment point staff towards the old, sick and disabled beneficiaries. HSCT beneficiaries in the two districts overwhelmingly said there is no preferential treatment towards the sick, old and disable and payment points. They all stand in the same queue organised by wards and wait for their turn when their names listed on a payment sheet are called out. This finding contradicts the operational procedures and guidance to staff set out in the HSCT manual of operations

and other administrative documents. The procedures require staff sensitivity towards that category of HSCT beneficiaries. It is a generally accepted social and cultural norm in many societies for special care and treatment to be accorded to the old, sick and disabled in the course of day to day life activities. For example, in many public services, senior citizens are accorded preferential treatment and usually have specially assigned and clearly marked desks dedicated to assist them. In the public transport sector in the United Kingdom for example, there are reserved seats in buses or trains for the old and disabled. It is likely that this finding has important repercussions on the physical and psychosocial well-being of the old, sick and disabled beneficiaries in the HSCT.

On the punctuality of HSCT payment officers for arriving at payment points, survey data shows that a majority of beneficiaries in Epworth (83.9%) and in Goromonzi (87%) said HSCT payment officers arrived on time over the last payment cycle which was in December 2016. Qualitative findings indicate that beneficiaries valued this punctuality as it demonstrated to them that the HSCT payment officers were respectful to beneficiaries and interested in serving them, and projected a sense of commitment and professionalism on the part of payment officials. For respondents who said the payment officers were late to arrive at the payment point, most of them stated that the payment officers apologised for their lateness, and provided reasonable explanations such as vehicle breakdown or unexpected delays at the previous payment point.

One HSCT beneficiary from ward 15 in Goromonzi said she appreciated the service provided by MOPSLSW officers at the St. Peter's payment point. When her avocados are in season, she often takes some to the payment point to give to MOPSLSW officers as her gesture of appreciation for the work they do to serve poor people like her.

#### **5.5.1.8 Weak social ties between beneficiaries and community leaders**

Qualitative evidence indicates that the HSCT appears to have inadvertently increased the social distance between beneficiaries and community leaders – village heads and ward councillors, suggesting adverse effects on the linking

dimension of social capital. Key informant interviews with village heads in Goromonzi revealed that the community leaders have little to no contact with beneficiaries on HSCT-related matters. The village heads said their non-involvement in important aspects of the HSCT such as targeting and selection, payment point processes, grievance handling, and monitoring activities has kept them away from regular contact with beneficiaries. One village head from Goromonzi said: "HSCT beneficiaries do not inform us about how the cash transfers are helping them improve their wellbeing. I would like to see them coming and telling me more about the HSCT as I am not in the implementation structures of the programme." The village head pointed out that he had a duty to be familiar with the wellbeing of all inhabitants in his village.

A similar view was shared by a ward councillor from Epworth who said she used to help some of the HSCT beneficiaries with basic goods for survival such as mealie-meal and cooking oil before the introduction of the HSCT. She had regular contact with them and often checked on their wellbeing. However, once they enrolled on the HSCT scheme, contact with them has been lost. The councillor said she is keen to know how well these beneficiaries are doing and hoped that the HSCT programme officials would help her re-establish contact with them.

#### **5.5.1.9 Bonding social capital between CPC HSCT focal persons**

The HSCT programme facilitated the formation of social networks of CPC HSCT focal persons in each ward where the programme is being implemented. Officers from the Department of Social Services in the MOPSLSW convened meetings with community members who then selected HSCT focal persons from the wider CPC membership through a voting process. All community members had the right to vote in those elections. The role played by HSCT focal persons on the programme is critical and qualitative evidence from FGDs with the CPC members shows that their role gives them some form of symbolic leadership role and power. The HSCT focal persons said their role has a positive social effect on their status, for example, it enhanced their self-esteem and social standing in the community, and

changed their relationships with other community members for the better most cases.

The HSCT focal persons meet regularly in-between payment cycles to discuss programme issues, and at payment points during the distribution of cash. In this way they spent more time together and have got to know each other better. According to focal persons in both districts, they have developed strong friendships between themselves and often visit each other when they are not involved with HSCT work. They share life experiences, social solidarity, and some confirmed they had started their own internal savings and lending clubs which are helping improve their lives.

A detailed analysis of the social bonds developed between the HSCT focal persons in the two study district is provided in the next chapter. The analysis draws from the social network theory and concepts.

#### **5.5.1.10 Social ties between HSCT focal persons and non-beneficiaries**

The evidence drawn from separate FGDs with CPC focal persons and non-beneficiaries point primarily to negative effects of the HSCT on social capital between the two groups. The study found that the negative effects are driven by three factors: (1) inaccurate information held by some of the non-beneficiaries on the HSCT targeting and selection process, (2) non-beneficiaries' perception of the role of CPC focal persons in the implementation of the HSCT, and (3) strong bonds that exist between HSCT beneficiaries and CPC focal persons. The HSCT focal persons stated in an FGD that non-beneficiaries hold the view that CPC focal persons caused their exclusion from the HSCT. According to the CPC members, non-beneficiaries perceive the former to wield significant influence in the targeting and selection of HSCT beneficiaries. These perceptions were widespread in both Goromonzi and Epworth. The strong ties that exist between HSCT recipients and CPC HSCT focal persons were cited by the latter as partly contributing to the weak ties between focal persons and non-beneficiaries. The fact that HSCT focal persons were seen by non-beneficiaries in frequent contact with beneficiaries – communicating payment dates and locations, following up on

recipients who miss payments and their interactions at payment points – seem to have led to feelings of jealousy and resentment by non-beneficiaries towards HSCT focal persons.

The HSCT focal persons in Goromonzi said that they had informed MOPSLSW officials about cases of some non-deserving people who had been erroneously included in the HSCT for example, village heads and school teachers. The MOPSLSW investigated the cases, and subsequently removed the undeserving beneficiaries from the HSCT. According to the CPC members, this had caused a breakdown in their social relations with the affected people in the community. However, the CPC members were not concerned about this because they had acted within the dictates of their roles and responsibilities in the HSCT.

CPC members from ward 1 in Epworth said non-beneficiaries viewed them as people who were unfair, and did not trust them. One HSCT focal persons said:

I am seen by non-beneficiaries visiting HSCT beneficiaries regularly and hardly ever visit non-beneficiary households in the course of my HSCT duties. I was once called a witch by a non-beneficiary because she thought I am the reason for her exclusion from the HSCT. The problem is that non-beneficiaries do not have accurate and adequate information about the HSCT's objectives, targeting and selection mechanisms.

The weak social ties and low levels of trust between HSCT focal persons and non-beneficiaries in Epworth were worsened by the fact that at one point the focal persons were asked to prepare a list of names of wrongly excluded but deserving non-beneficiaries. The list was compiled and forwarded to the HSCT programme officials but nothing was done afterwards. The non-beneficiaries think that the CPC focal persons could have either manipulated the list or did not forward the list at all. Consequently, interpersonal trust between the two groups seems to have been negatively affected.



#### **5.5.1.11 Linking social capital between community leaders and HSCT focal persons**

Qualitative findings from FGDs with HSCT focal persons and in-depth interviews with community leaders (village heads and ward councillors) in Goromonzi and Epworth point to positive effects of the HSCT on the social relationship between focal persons and community leaders. Village heads in Goromonzi, and ward councillors in both districts spoke of cordial relations between them and HSCT focal persons from their wards. They said the HSCT focal persons kept them up to date with HSCT information pertaining to: progress with implementation, challenges, payment dates and payment point locations. They said they attended some of the HSCT payment distributions as observers and sometimes to refer complaints that they receive from non-beneficiaries to HSCT programme officials. As a result of their regular interactions with HSCT focal persons they have accurate information and knowledge of the implementation of the HSCT in their areas. They emphasised that while their interactions with focal persons are on an informal basis, they recognise and appreciate the vital role played by the focal persons on the HSCT. In addition the community leaders noted that the focal persons provide an important “information bridge” between them as community leaders and the HSCT programme officials. Village heads and ward councillors reported instances where some non-beneficiaries approached them to file appeals after being excluded from the HSCT following the targeting and selection of beneficiaries. The community leaders reported referring some of the cases to the focal persons while in other instances they took the cases directly to the help desk at the HSCT payment points in their areas.

On the other hand the HSCT focal persons said that their participation in the HSCT had a positive effect on their status and was strengthening their ties with community leaders. This had earned them recognition from village heads and ward councillors. According to them, this linking social capital has an important bearing on their welfare and could be a powerful force for their social transformation. In both districts the HSCT focal persons reported

receiving 50 kilogram bags of grain monthly from the government's drought mitigation scheme. They said this relief assistance was facilitated by community leaders who recommended that they be included on the list of beneficiaries as a gesture of appreciation for the good work they do for and with the community. The focal persons felt that the HSCT could learn from this "act of benevolence" and extend similar incentives to them too.

The study found that two of the HSCT focal persons in wards 4 and 15 of Goromonzi district were also village heads. In both cases the village heads said this duality of roles has its advantages mainly around the following points:

- That the HSCT focal persons' role brings them closer to community members and in this way they get to know of different social issues affecting their community members.
- The regular interaction is an important and cost free way of strengthening linking social capital with their subjects and could further enhance trust;
- Their participation gives legitimacy to programme activities on the ground;
- Participation in the HSCT enabled them to directly observe HSCT effects in their communities; and
- Direct involvement with the HSCT gives them opportunities to promote positive moral and cultural values and to regulate social order among members in their communities.

#### **5.5.1.12 Linking social capital between HSCT focal persons and programme officials**

Qualitative findings from FGDs with CPC members suggest that the linking social capital between the HSCT focal persons and HSCT programme officials is weakening. The HSCT focal persons said they have queries about some operational aspects of the HSCT, including queries against programme officials. The focal persons in the two study districts said they were facing challenges of mobility, communication and financial resources. These

constraints were negatively affecting their work on HSCT. They reported repeatedly raising specific complaints and grievances broken down bicycles, worn-out uniforms, and unprocessed reimbursement claims. Furthermore, they used to get US\$15 worth of mobile phone time credit to use as they went about their regular HSCT work but this arrangement was stopped a few years back. They now have to rely on their own airtime credit, which is a cost to them, and for which they are not reimbursed. They said the MOPSLSW staff did not explain reasons for the withdrawal of airtime credit.

According to them, the MOPSLSW has not addressed any of their queries. Instead, they claimed they are often told by programme officials that they are volunteers on the HSCT. The focal persons said they perceived this to suggest that their work on the HSCT is no longer valued by the MOPSLSW.

Box 5.17 below provides accounts of HSCT focal persons on operational constraints to their work on the programme.

### **Box 5.17: Accounts of HSCT focal persons on operational challenges they are facing in the HSCT – from FGDs**

“When the HSCT started, we used to get airtime credit from the Ministry but this practice was stopped in early 2016. We now have to rely on our limited personal resources to keep contact with beneficiaries. We feel this is unfair on us because in a sense we are now subsidising the HSCT programme” – FGD in ward 15, Goromonzi district.

“Two of our HSCT focal persons in this ward died from ill-health. They were hard working volunteers in our ward. The MOPSLSW officers did not show any compassion or solidarity towards these losses. Upon hearing of the loss of the two focal persons, the first thing the officers did was to ask through us, for the return of the bicycles the two deceased focal persons were using. We all thought this was wrong. We expected the MOPSLSW officers to attend the funeral and show recognition and appreciation of the HSCT work done by our fellow friends” – FGD in ward 15, Goromonzi district.

“Our ward is the biggest in Goromonzi district. It has 76 villages but only 11 HSCT focal persons. The number of focal persons is too small to adequately cover the entire ward. There are some remote areas in this districts which we have not been able to reach out to on a regular basis because of the limited number of HSCT focal persons. We raised the need for more focal persons with the District Social Services office but nothing has been done yet to address this challenge” FGD in ward 4, Goromonzi district.

“We would appreciate it if the Ministry acknowledges and rewards the nature and intensity of our work. Yes we are volunteers but we also have families to look after. Our ideal but modest incentive structure includes: functional bicycles which we should be allowed to use for both HSCT and personal activities; US\$50 per payment cycle; 2 sets of uniforms per year; raincoats, soap, lunch when we are at payment points because we spent almost a full day there; and training on how to start and manage our own income generation projects” FGD in ward 4, Goromonzi district.

“We are also poor and vulnerable families in our communities. There is a very thin line between the nature of our socio-economic circumstances and beneficiaries. Our sincere plea is that the government should consider enrolling focal persons as beneficiaries on the HSCT too. We do not mind receiving small transfer sizes. We have very limited time to do our own income generation activities because we devote a lot of our time to the HSCT programme” – FGD in ward 1, Epworth district.

“We work in unsystematic and seemingly informal ways with the District Social Services officers. The DSS officers are frequently changed and as such we have not been able to build long term working relationships with them. Unlike HSCT beneficiaries who have a formal grievance and complaints mechanism, we have no proper channel through which we can raise our queries” – FGD in ward 1, Epworth district.

“We are concerned that our HSCT work in the community is recognised and rewarded by other authorities like the District Administrator who has helpfully included us as beneficiaries on the grain distribution scheme, yet officials on the HSCT scheme whom we work with regularly have not seen the need for a similar gesture of appreciation. If we can receive grain from the government’s relief programme, what can we not be given small amounts of cash from the HSCT?” – FGD in ward 5, Epworth.

Interviews with MOPSLSW and UNICEF revealed that they were aware of the challenges faced by CPC HSCT focal persons but that funding constraints had prevented them from addressing the queries. They said they are now working on a plan to address the concerns from the focal persons.

### Box 5.18: Type of bicycles used by HSCT focal persons



Two HSCT focal persons' from Epworth district with bicycles they received from the programme in 2012. According to the focal persons in the two study districts, most of the bicycles have since broken down. This has affected their effectiveness on the HSCT. They said there is no maintenance plan for the bicycles. They suggested that the Ministry could send a bike maintenance team twice per year to service the bicycles. Furthermore, the HSCT focal persons said they would be grateful if the Ministry could donate the bicycles to them when the HSCT programme ends.

#### 5.5.2 Associational life of HSCT beneficiaries

Table 5.51 below shows that most HSCT households in the two study districts belonged to a religious or spiritual group. A number of beneficiaries in Epworth highlighted using their transfers to contribute to informal or more formal funeral policies such as a reputable funeral insurance service provide – Nyaradzo Funeral Services. Members pay monthly subscriptions for selected packages which cater for different income groups.

**Table 5.51: Number and percentage of HSCT households that participate in membership associations or community local groups**

	District		All
	Epworth	Goromonzi	
Internal savings and lending Groups	10,2%	13,8%	12,1%
Religious or spiritual group	71,4%	70,7%	71,0%
Burial society	18,4%	3,4%	10,3%
Women's group	0,0%	3,4%	1,9%
Traditional healer's association	0,0%	1,7%	0,9%
CBO or Civic groups (including family clubs)	0,0%	6,9%	3,7%
Total	49	58	107

Members access assistance with funeral and burial expenses following the death of a registered household member. The HSCT beneficiaries indicated said they were able to sustain payment of their monthly subscriptions to the funeral schemes using part of their HSCT money as well as income from own productive activities such as poultry sales, goat rearing, and tuckshops. Some said they received assistance from relatives working outside Zimbabwe in countries like South Africa and United Kingdom.

Qualitative data indicate that a majority of the HSCT beneficiaries who said they were not members of any club or association cited the following factors as inhibiting their participation: (1) old age, (2) ill-health, and (3) length of residency in the village or area. For the third reason, they said it takes time to build social networks, and to decide to join associations when you are new in a community. Building trust with people takes time and is often a result of numerous repeated interactions. In all these cases the HSCT was not a direct factor in their decisions to join membership groups or community networks although indirectly the HSCT can lead to repeated interactions of beneficiaries, for example, at payment points, and therefore to the building of trust which is a decision factor. It appears they lacked the energy to attend group meetings and to meet the demands required of group members. Yet for others, reasons cited were to do with the small size of the cash transfer which limited their entry into subscription-based networks and associations. In this sense, the data suggest that a factor linked to the HSCT is a barrier to the participation of some of the HSCT beneficiaries in community life or subscription-based membership associations.

HSCT beneficiaries were asked the question: “Compared to 4 years ago (before you were selected as a beneficiary to receive HSCT), do members of your household participate in fewer or more groups or organisations?” Results in table 5.52 show that 31.9% of respondents in Epworth and 41.1% in Goromonzi said they now participate in more community groups or organisations. Qualitative data indicate that the HSCT had an influence on households’ decisions to join new groups or membership associations. Box 5.19 gives examples of HSCT’s influence on participation in more membership associations and community groups.

**Table 5.52: Do household members participate in more, fewer or same number of membership groups or organisations?**

	District		Total
	Epworth	Goromonzi	
More	31,9%	41,1%	38
Fewer	4,3%	5,4%	5
Same number	63,8%	53,6%	60
Total	47	56	103

While a majority of beneficiaries in Epworth (63.8%) and in Goromonzi (53.6%) indicated that members of their households participate in the same number of groups or organisations, they said that the HSCT had for example improved their attendance at church as they could now contribute towards church offerings; they bought new clothing items which made them appear presentable in church; and they were able to renew membership dues in subscription-based organisations. Yet for many others who reported that household members participate in the same number of community groups, being part of the HSCT had not changed anything for them.

**Box 5.19: Beneficiary accounts of how the HSCT led household members to participate in more community groups or associations**

“Through the HSCT, I was able to join the family club. Family clubs are a direct creation of the HSCT. They did not exist prior before 2012. We are taught parenting skills and how to protect our children back in the communities. Prior to the HSCT, the only group I was part of was my church” – female beneficiary from ward 15, Goromonzi district.

“My participation in the HSCT has helped me to free up some small amount of cash from my income from the tuckshop. I used this extra cash to join at internal savings and lending club at my church” – male beneficiary from ward 1, Epworth district.

“I joined Wadzanayi Burial Society. I contribute \$3 per month from my HSCT money” – female beneficiary from ward 4, Goromonzi district.

“I was bed-ridden for a long time prior to joining the HSCT. Since I started receiving the HSCT, I have been pay for regular health checks at the local clinic. I am much better physically and I have been able to join a new church in my area” – female beneficiary from ward 5, Epworth district.

“Five of us HSCT beneficiaries started our own internal savings and lending club in 2013. We met at St. Peter’s payment point several times and discussed the idea of setting up an ISL. CPC HSCT focal persons helped us with ideas about how the ISL might work. We contribute \$10 every month. If one borrows \$20, they return with an interest of \$2” – female beneficiary from ward 15 in Goromonzi district.

The HSCT beneficiaries who reported that they participated in membership associations or community groups said there were several important benefits from joining the groups. In both districts, the church was a key source of spiritual, social status and self-esteem support but not so in terms of material support due to difficult economic times. According to a focus group discussion with non-beneficiaries, many years before the introduction of HSCT in Goromonzi ward 15, the Catholic Church was a major source of relief support for the poor and vulnerable in the villages. Now the church’s capacity and once rich tradition of providing material support and relief to the poor and vulnerable in the community are limited due to resource constraints. In the words of one non-beneficiary:



The church used to feed many hungry families and provided free health care services to the community. That is all in the past now. The church is struggling like many other social and religious institutions in Zimbabwe. Mission hospitals now demand cash for health services regardless of one's social status. The church through its bishops and priests, some of whom have since returned to their home countries, had better access to welfare resources from its good Samaritans based overseas. It is the church that is now asking for help from the community. While the desire to give is there in the hearts of people, these days people go to church and contribute little or nothing in terms of offerings because they don't have. Church priests often plead with congregants to contribute to the church.

HSCT beneficiaries in the two districts viewed ISLs, traders' associations and women's groups as important for improving their households' current livelihood or access to services. They said burial societies were important in times of emergencies such as deaths in the future. Family clubs and other civic organisations such as Rotary clubs were perceived to have widespread benefits for the communities.

The study explored the internal diversity of membership of the community groups or organisations cited by beneficiaries in the household survey. The study found that memberships in church groups were very diverse with people coming from different villages, wards, genders, age groups, ethnic and tribal groups, and have different income levels, social status, educational levels and occupations. One beneficiary in Goromonzi ward 4 said some members in his church came all the way from Harare, which is about 30km from his village to worship with them. The internal diversity is high in churches and this had the benefits of widening HSCT beneficiaries' social networks, better access to resources from bridging social capital, and congregants almost always have different information so that more is gained from exchanging information.

The study further explored whether the groups or associations that HSCT beneficiaries said they belonged to worked or interacted with other groups with similar goals inside or outside their wards, villages or neighbourhoods.

Results for the entire study sample shown in table 5.53 below indicate that most of the groups and associations in which HSCT beneficiaries are members or participate in that have no horizontal (or bridging) links with other groups with similar goals within their villages/wards. Only the traditional healers' associations were cited as occasionally interacting with other groups with similar goals in the areas. Similar results were obtained on local groups' interactions with other groups outside the areas in which local groups operate. These results suggest that beneficiaries' access to other social capital resources and information beyond their communities is limited. Groups with linkages with other groups or associations with similar goals within and outside areas in which they operate often have better access to resources especially from outside the village, such as from government or NGOs. Such linkages provide access to bridging or linking social capital resources in contrast to the bonding social capital that exist within the group.

**Table 5.53: Does group or membership association work or interact with other groups in your village/area/neighbourhood**

Group	ISL Group	Religious/Spiritual Group	Burial Society	Women's Group	Traditional Healers Association	CBO/Civic Group
No	76,9%	50,0%	72,7%	100,0%	0,0%	75,0%
Yes, occasionally	15,4%	34,2%	18,2%	0,0%	100,0%	25,0%
Yes, frequently	7,7%	15,8%	9,1%	0,0%	0,0%	0,0%
Total	13	76	11	2	1	4

Family Clubs were prevalent in Goromonzi and their memberships were predominantly female, with group members mostly HSCT-beneficiaries. Similarly, Internal Savings and Lending clubs comprised mostly of HSCT beneficiaries with members coming from the same villages or areas.

The study found an interesting connection between one family club and one ISL in Goromonzi district. HSCT beneficiaries met and interacted regularly as a family club leading to development of interpersonal trust among members. This trust built in the context of a non-financial social setting contributed to the formation of an ISL within the family club – network within a network. Members started accessing financial benefits in the form of access to credit.

Another example was cited by a female beneficiary from ward 15 in Goromonzi district who joined a sewing club in Harare, indicating a form of bridging social capital as the sewing club consists of members from diverse backgrounds and places of origin. She said they formed a grocery club within the sewing club where members contributed groceries worth a group total of \$25 each month and gave to one member. They rotated this every month until each member got her turn to receive the groceries. The findings in both cases suggest that economic benefits such as access to credit and goods can result in non-financial social settings with trust as a key mediator for this to happen.

Payment of membership subscriptions is generally viewed as a sign of greater interest in participating in an association's activities. The findings show that 11.3% of survey respondents in Epworth and 3.3% in Goromonzi said they used part of their bimonthly cash transfers from the HSCT to pay membership subscriptions to organisations and community groups they belonged to.

### **5.5.3 Shocks and coping strategies**

The survey asked HSCT beneficiaries whether their households had experienced shocks or crises in the last 4 years, which negatively affected the household and making it difficult to meet the households' basic needs. Results in table 5.54 show that HSCT households in the two study districts experienced both covariate and idiosyncratic shocks. Most of the HSCT households in the two districts experienced covariate shocks in the form of high agricultural input prices followed by droughts and floods. The high agricultural input prices were felt more in Goromonzi than in Epworth. This is not surprising because Goromonzi is predominantly a rural district where agriculture is a primary source of livelihood. The most common idiosyncratic shock reported by beneficiaries in the two districts was death of a breadwinner in their households. In Epworth 23% of respondents reported that a household member was jailed in the last four years. This is not surprising as criminal activities are a common occurrence and a major problem in Epworth district.

**Table 5.54: Type of shocks experienced by HSCT beneficiaries in the last 4 years**

Shocks reported by district	District	
	Epworth	Goromonzi
Drought/Flood	27,9%	34,10%
Loss of access to land, water or other natural resources for production	3,3%	3,4%
Loss of productive assets (tools, machinery etc.	9,8%	2,3%
Livestock deaths	0,0%	17,0%
Inability to pay debts	3,3%	1,1%
Death of bread winner in household	24,6%	21,6%
Bread winner left household	8,2%	5,7%
High agricultural input prices	32,8%	42,0%
End of regular assistance, aid or remittances from outside household	0,0%	2,3%
Jailed	23,0%	8,0%
Dwelling damaged, destroyed, burglary	1,6%	0,0%
Birth in household	4,9%	1,1%
Business failure	8,2%	8,0%
Crop failure	6,6%	0,0%
Crop damage when stored	0,0%	1,1%
Large expenditure on social obligations	1,6%	1,1%
Total	61	88

On risk coping strategies, results show that HSCT households in the two study districts adopted a variety of strategies to manage risks they face. In the two study districts, droughts and floods were handled by receiving external and unconditional relief assistance from NGOs/religious institutions; changes in eating and dietary patterns; and reliance on own savings. Some beneficiaries in Goromonzi reported selling livestock. Yet, for others in Goromonzi they reported they did not do anything because they had nothing to fall back on.

Household survey data show that receiving unconditional help from relatives and friends was the main source of support for dealing with death shocks that affected HSCT households in the two districts. HSCT households also relied on savings from their HSCT money, and received unconditional help from NGOs and religious institutions. In Epworth district, one respondent said household members migrated following the death of the breadwinner.

In Goromonzi district, weather shocks – droughts and floods resulted in some of the HSCT households incurring new credits while others received unconditional help in the form of agricultural inputs from government.

The use of negative coping strategies was limited and isolated with only one respondent in Goromonzi district reporting distress sale of livestock.

Results from this section suggest that the HSCT has positive social effects on households as relying on savings indicates that the HSCT is strengthening some households' resilience to cope with both covariate and idiosyncratic shocks. It also appears that household coping strategies depended much on the nature and quality of the social networks and relationships within the HSCT households are embedded. For example, some households relied on receiving unconditional help from relatives, friends, NGOs and religious institutions. As highlighted earlier, the HSCT facilitated entry of some beneficiary households into social networks and community groups with positive social effects such as access to support resources in times of need. When HSCT beneficiaries turn to others outside their household or receive support from the same – it is a positive indication of their connectedness with the community and social networks.

#### **5.5.4 Effects of the HSCT on cognitive dimensions of social capital**

This section discusses the effects of HSCT on the intangible forms of social capital, that is, trust, norms of reciprocity and psychosocial benefits, and participation of HSCT in mutually beneficial community activities.

##### **5.5.4.1 Trust dimension**

The survey contained direct questions on trust, some of which were also asked in separate FGDs with non-beneficiaries, CPC members, and in-depth interviews with community leaders. A number of the questions on trust were modelled on standard questions often used in social capital surveys particularly in the World Values Survey, while a few others were directly linked to the HSCT. The survey asked HSCT beneficiaries the question: How much do you trust different types of people (interpersonal trust): HSCT beneficiaries;

non-beneficiaries; shop-keepers; local government officials (for example district officials, and ward councillors); police; teachers; nurses and doctors; strangers; and people from your ethnic/tribal/linguistic/race. The response options are on a 5-point scale, 1-5, with 1 representing - to a very small extent, 2 = to a small extent, 3 = neither small nor great extent, 4 = to a great extent, and 5 = to a very great extent.

The findings show that most HSCT beneficiaries exhibit high levels of trust in other HSCT beneficiaries – people close to them and with whom they interacted frequently. Results were similar in the two districts: Epworth – 45.2% of respondents said they trusted other HSCT beneficiaries to a great extent, and 41.9% said to a very great extent; and in Goromonzi – 48.9% of respondents said they trusted other HSCT beneficiaries to a great extent, and 42.4% said to a very great extent. In the two districts survey data shows that most HSCT beneficiaries' levels of trust in non-beneficiaries are: to a small extent (Epworth 25.8% and Goromonzi 30.4%); and to a very small extent (Epworth 24.2% and Goromonzi 12%). The least trusted people in both districts were strangers. HSCT beneficiaries said this is so because they do not have information and knowledge about strangers and so would rather be cautious in their dealings with them. HSCT beneficiaries highlighted the following reasons for trusting in other HSCT beneficiaries to a very great extent are:

- Repeated interactions resulting in them acquiring general and specific knowledge about each other.
- As beneficiaries they faced similar incentives or disincentives.
- They vouched for each other at payment points, for example, conveying messages from other beneficiaries who miss payments.
- They frequently travelled together to the payment points.
- They have developed strong bonds through their regular interactions in family, and internal savings clubs.

The most common reasons cited by HSCT beneficiaries for the low levels of trust in non-beneficiaries were: limited interaction between the two groups; jealous; making them feel inferior; concern for safety; and fears of witchcraft.

This is consistent with an earlier point stated by beneficiaries who said that it is a problem if other community members (non-beneficiaries) knew they were receiving HSCT payments. The low levels of trust between beneficiaries and non-beneficiaries may partly explain the examples of strained social relations between the two groups as highlighted earlier. In addition findings show that beneficiaries rarely share programme information with non-beneficiaries as one of the consequences of low levels of trust between the two groups.

HSCT beneficiaries in Epworth and Goromonzi districts said their level of trust in people in formal institutions like teachers, nurses and doctors is increasing partly because of the HSCT which was enabling them to interact frequently with the people who provided services in these institutions. Through the HSCT they were now able to send children to school and meet their children's teachers regularly for consultations on children's school performance, and sometimes to request authority for part-payment of school fees in cases where they are not able to pay fees in full. They also cited other reasons for trusting in teachers as: "they impart knowledge and skills to our children," "they teach our children discipline," and "they are respected by our children". Furthermore, survey respondents said their trust in MOPSLSW officials and staff from NGOs is being strengthened through regular interactions at HSCT payment points.

Survey respondents were asked the question: Do you think that over the last four years (since the introduction of the HSCT programme), the level of generalised trust in this ward/village/neighbourhood has got better, worse or stayed about the same? The responses took values 1 = got better; 2 = got worse, and 3 = stayed about the same. Results in table 5.55 show that majority of beneficiaries in the two districts think that generalised trust levels stayed about the same. However, considerable numbers of beneficiaries in the two districts think the introduction of the HSCT has improved generalised trust in their villages, wards or neighbourhoods. Yet, other respondents think the HSCT had a negative effect on trust levels in their communities.

**Table 5.55: Levels of generalised trust after the introduction of the HSCT**

Do you think that over the last 4 years (since the introduction of the HSCT programme), the level of trust in this ward/village/neighbourhood has got better, worse or stayed about the same?		
	Epworth	Goromonzi
Got better	33,9%	33,7%
Got worse	14,5%	12,0%
Stayed about the same	51,6%	54,3%
Total	62	92

Beneficiaries who suggested that trust levels had improved in the last four years said this was on account of reduced levels of begging and crime rates, and generally a reduction in destructive coping mechanisms as many poor and vulnerable people in their communities now have a safety net in the form of the HSCT.

Generalised trust is often measured with the survey question: Generally speaking, would you say that most people can be trusted, or that you can't be too careful in your dealings with other people? Results in table 5.56 below indicate that HSCT beneficiaries in the two districts do not trust people on whom they have no direct information, for example, strangers. These results support earlier findings which point to low levels of trust towards strangers.

**Table 5.56: Respondents' views on generalised trust**

Generally speaking, would you say that most people can be trusted, or that you can't be too careful in your dealings with other people		
	Epworth	Goromonzi
Most people can be trusted	23,0%	38,6%
You can't be too careful	77,0%	61,4%
Total	61	88

The measures of trust discussed in this section other than high levels of trust in other HSCT beneficiaries and officials from public institutions yield low estimates of social capital in the two districts. This suggests that the HSCT is being implemented in settings with weak social capital.

The study found that there are some operational aspects of the HSCT which appear to have negative effects on particularised trust.



**Box 5.20: Case study - negative effects of payment delays on particularised trust**

One female beneficiary, Susan (not her real name) from ward 15 in Goromonzi district said the six-month delay in disbursement of the HSCT money between March and September 2016 had particularly negative effects on her social capital. The payment delay eroded the trust that Susan built over time with a community shop operator. The community shop operator who is also a neighbour to Susan confronted her and demanded that she clears her debt at a time when she did not have any money as she was waiting for the HSCT disbursement to come. Susan had to be helped by a non-beneficiary neighbour who loaned her \$10 so she could make a part payment towards clearing the debt.

Susan said her social relations with the shop owner have been affected negatively as she might never have access to credit purchases in future. Susan is also concerned about the potential snowballing effect this incident might have on her social standing in the community. In case that she decides to ask to buy goods on credit from other shop owners in the community, she fears that the incident might have reached other shop operators in the community considering that shop owners in her village know each well and exchange information on customers' creditworthiness. Susan also said this incident has made her risk averse for taking goods on credit in the short to medium term.

#### 5.5.4.2 Norms of reciprocity

In the two study districts beneficiaries reported that the HSCT is strengthening their reciprocal relationships with other community members. Survey findings in table 5.57 below show that most of the beneficiaries in Epworth (73.7%) and in Goromonzi (70.7%) either agreed or strongly agreed that they were involved in exchanging reciprocal favours with their friends.

**Table 5.57: Respondents' levels of participation in reciprocal exchanges**

		District	
		Epworth	Goromonzi
Among my group of friends we do favours for each other.	Strongly disagree	4,9%	6,5%
	Disagree	6,6%	9,8%
	Neither agree nor disagree	14,8%	13,0%
	Agree	55,7%	51,1%
	Strongly agree	18,0%	19,6%
<b>N</b>		<b>62</b>	<b>92</b>

A beneficiary in Epworth ward 1 said she exchanged two small chickens in return for a bucket of maize with her neighbour, something she could not have

done if she was not an HSCT beneficiary. In ward 4 of Goromonzi an HSCT beneficiary said he was involved in a reciprocal agriculture labour-sharing arrangement with his a fellow HSCT beneficiary. They both have labour capacity and would work on each other's fields during the crop planting and harvesting seasons. He reported that their friendship which developed through several interactions at St. Peter's payment point had enabled them to enter into a reciprocal exchange of agricultural labour. In Epworth's ward 1, a female beneficiary said she counted on her fellow HSCT beneficiary who lives nearby to take care of her children when she travels. She said she returns the favour if her friend travels. In most cases her friend's children temporarily move to her house while their mother is away.

**Box 5.21: An example of a reciprocal exchange between an HSCT beneficiary and her neighbour**

Belinda (not her real name) is a female HSCT recipient from ward 15 in Goromonzi district. She has a close friend and neighbour, Maria (not her real name), whom she regularly exchanges gifts and favours with. Maria is a beneficiary under a relief programme supported by Plan International in the area. From the food items she buys using her cash transfer, Belinda shares cooking oil and sugar with her close friend. Maria returns the favour by giving Belinda a share of beans she receives from Plan International. Belinda said that the HSCT has strengthened her ability for mutually beneficial reciprocity over the past four years. In this regard, Belinda said she feels a strong sense of being part of the community.

#### **5.5.4.3 Psychosocial effects of the HSCT on beneficiaries**

Survey respondents reported positive and negative individual psycho-social effects stemming from their participation in the HSCT. Responses to a wide range of closed subjective opinion questions in table 5.58 below give useful insights into HSCT beneficiaries' psychosocial well-being. The findings reveal the following: There was most positive agreement that receiving the HSCT made beneficiaries no more inferior than others; the HSCT is something beneficiaries were happy to be part of; and that the HSCT had a lot of influence in making their communities better places to live (figure 5.12) suggesting that the HSCT has contributed to the strengthening of community social capital. For respondents who said the HSCT was improving community life, their justification was that the extent of begging had declined in their

communities, sights of miserable people and the number of extremely poor people had declined. They suggested there was a general sense of happiness and solidarity in their communities.

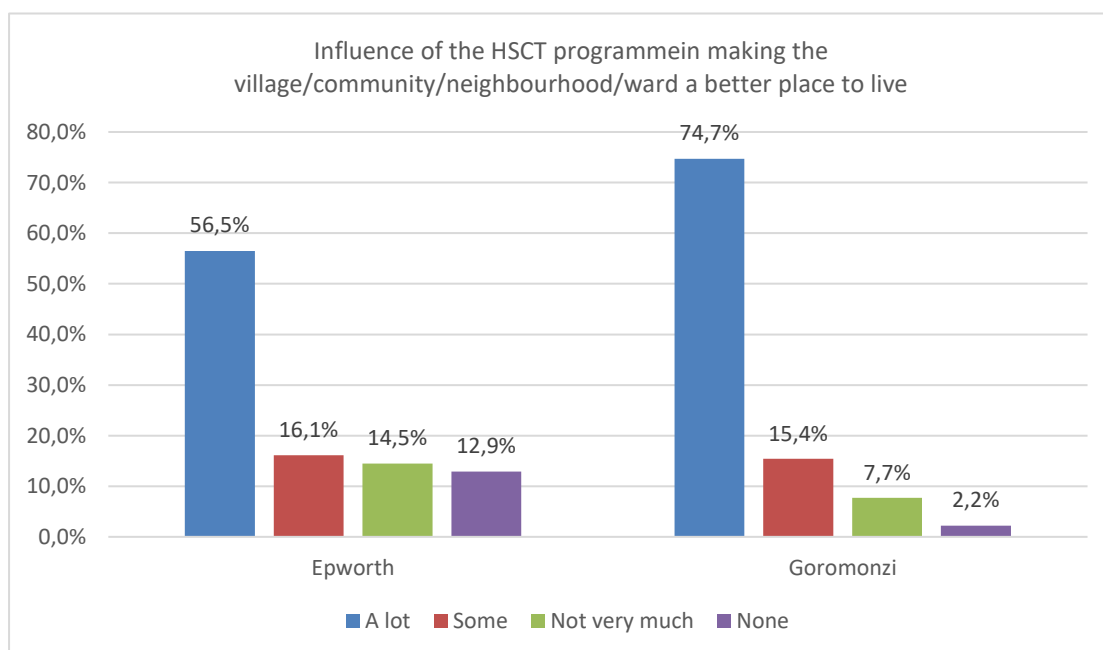
Most HSCT beneficiaries in the two study districts reported an external sense of being valued and appreciated by others (others let me know that they enjoy working with me; I know that others appreciate me as a person).

**Table 5.58: Beneficiary responses to a wide range of subjective opinion questions**

		District	
		Epworth	Goromonzi
I spent time with others who have the same interests that I do	Strongly disagree	16,1%	14,3%
	Disagree	6,5%	23,1%
	Neither agree nor disagree	4,8%	9,9%
	Agree	54,8%	38,5%
	Strongly agree	17,7%	14,3%
Others let me know that they enjoy working with me (e.g. in the field etc.).	Strongly disagree	4,8%	2,2%
	Disagree	4,8%	7,6%
	Neither agree nor disagree	11,3%	19,6%
	Agree	59,7%	46,7%
	Strongly agree	19,4%	23,9%
I have relatives or friends that will help me out even if I can't pay them back.	Strongly disagree	12,9%	12,0%
	Disagree	12,9%	10,9%
	Neither agree nor disagree	3,2%	2,2%
	Agree	40,3%	37,0%
	Strongly agree	30,6%	38,0%
I know that others appreciate me as a person.	Strongly disagree	3,2%	2,2%
	Disagree	4,8%	5,4%
	Neither agree nor disagree	8,1%	3,3%
	Agree	66,1%	59,8%
	Strongly agree	17,7%	29,3%
I have people to share social events and fun activities with.	Strongly disagree	1,6%	1,1%
	Disagree	4,8%	10,9%
	Neither agree nor disagree	8,1%	6,5%
	Agree	64,5%	57,6%
	Strongly agree	21,0%	23,9%
I have a sense of being needed by another person	Strongly disagree	8,1%	1,1%
	Disagree	3,2%	6,5%
	Neither agree nor disagree	4,8%	2,2%
	Agree	66,1%	65,2%
	Strongly agree	17,7%	25,0%
The HSCT makes me no more inferior than others.	Strongly disagree	3,2%	0,0%
	Disagree	0,0%	2,2%
	Neither agree nor disagree	11,3%	2,2%

		District	
		Epworth	Goromonzi
The HSCT is something that I am happy to be part of.	Agree	41,9%	34,8%
	Strongly agree	43,5%	60,9%
	Strongly disagree	4,8%	1,1%
	Disagree	0,0%	1,1%
	Neither agree nor disagree	1,6%	0,0%
	Agree	17,7%	17,4%
The HSCT has strengthened relationships with my family	Strongly agree	75,8%	80,4%
	Strongly disagree	3,2%	0,0%
	Disagree	3,2%	1,1%
	Neither agree nor disagree	1,6%	4,4%
	Agree	40,3%	36,3%
Strongly agree		51,6%	58,2%
<b>N</b>		<b>62</b>	<b>92</b>

**Figure 5.12: Influence of the HSCT in making the village/community/neighbourhood/ward a better place to live**



In Epworth and Goromonzi districts, some beneficiaries were able to build houses or made some improvements to their houses. Other respondents said they purchased kitchen utensils, blankets, and small livestock. HSCT beneficiaries reported that these achievements no matter how small they may seem to be, had led to improvements in their sense of self-worth, self-esteem and had enhanced beneficiaries' "I can do" attitude. Box 5.22 shows some of

the beneficiaries and their material benefits which have contributed to improvements in their psychosocial well-being.

**Box 5.22: Case studies - material benefits from the HSCT that drive positive psychosocial effects on HSCT beneficiaries**



**Left to right: Picture 1:** Miriam (note her real name) is a female HSCT beneficiary from ward 4 in Goromonzi. She is a single parent and has six children. Miriam receives \$50 from the HSCT every two months. Miriam is extending her house using part of her savings from the HSCT. She intends to put tenants into the extra rooms once completed. In this she will be able to raise enough school fees to cover all her school-going age children. Miriam feels the HSCT has strengthened her sense of self-worth, and feels appreciated by her children for being able to provide for them.

**Picture 2:** Jane (not her real name) is an HSCT beneficiary from ward 15 in Goromonzi district. She is a widowed mother of three children, and two other dependents being her mother and a niece. Jane received \$50 from the HSCT. She saved some money from her first three transfers and bought a second-hand sewing machine (in the picture) for \$40. Jane completed a dress-making course some years ago. After buying the sewing machine, Jane joined a sewing club in Harare's central business district where she to and from commutes daily. Jane's products include ladies clothes, garments, and school uniforms for children in her area. Jane said, through the support from the HSCT, she has is able to spend her productive time with others who have the same interests as hers, that is, dress-making. In this way she has been able to enter social networks of the non-poor (non-beneficiaries in her sewing club who are from other areas). Jane feels happy that she has expanded her social network, and can be counted amongst others.

An elderly female beneficiary from ward 1 in Epworth used the HSCT to help a neighbour who requested money for grinding mill services. She gave the neighbour US\$2 and felt happy that she had helped someone: "Giving my neighbour US\$2 (sharing a portion of my HSCT) without an expectation to be paid back made me feel that I was worth something to other people, and that someone needed my help".

Fumakazi (not her real name) is an HSCT recipient from ward 5 in Epworth. She said she uses a portion of her HSCT transfers to contribute to a local funeral and burial insurance scheme. Fumakazi said she has a peace of mind as she or any of her family members are assured of a decent funeral and burial when they die. She said she witnessed other poor people in her community receiving pauper's burials and she does not want to go through that hence her decision to join a funeral and burial insurance scheme. The scheme also benefits remaining family members in the event that the breadwinner dies first. In this regard, she is calm and hopeful about the future of her children.

Margaret (not her real name) is a grandmother born in 1921 in Mareke village in Goromonzi ward 15. She walks slowly with the aid of a stick, and with six orphans to care for. She explained how before the HSCT programme she had literally nothing and used to beg from neighbours and the village head but with the HSCT money she received she managed to buy plates and cups, and the rest of her payment she uses for part-payment of school fees and for food. Margaret now feels less poor, has a sense of renewed self-worth and confidence. Her grand-children look happier and are hopeful for a brighter future with continued HSCT support.

Survey respondents were asked how they feel about being designated "HSCT beneficiary," a direct consequence of HSCT's targeting and selection process. Qualitative evidence indicates that the designation had both positive and negative psychosocial effects on cash recipients. Some respondents reported feelings of stigma, and inferiority while others said they did not care since the HSCT was helping them to improve their wellbeing. Those who felt stigmatised or made to feel inferior said non-beneficiaries were the source of the stigma. Box 5.23 below gives beneficiaries' views on how they feel about being labelled "HSCT beneficiaries".

**Box 5.23: Beneficiaries' perceptions about being designated as "HSCT beneficiaries"**

"There is too much negative talk from non-beneficiaries who make it a point to highlight my state of poverty and vulnerability and that I am dependent on the HSCT for survival. I try to ignore the talk but sometimes it really affects me and makes me feel inferior." – female beneficiary from ward 4 in Goromonzi.

"The label 'HSCT beneficiary' created a problem for me. I am sarcastically described as 'the privilege one'. There is unhappiness amongst those who are not receiving the HSCT." – female beneficiary from ward 15 in Goromonzi.

"Before I enrolled on to the HSCT, I used to cry every day, thinking of my life and my children's future. It was a struggle to find food, seeds and fertiliser for our small field over there. Being an HSCT beneficiary has transformed my family's life and I feel happy to be part of this programme. I thank God for it." – female beneficiary from ward 4 in Goromonzi.

"I feel sad about the term 'HSCT beneficiary' because here in my village non-beneficiaries say we are associated with abject poverty, and that we are people who will never be able to stand on our own without help from others." – male beneficiary from ward 15 in Goromonzi.

"I feel happy about the designation 'HSCT beneficiary' because it comes with benefits which I did not have before. My family is in a better well-being situation than before." – male beneficiary from ward 1 in Epworth.

"I am grateful to Zimbabwe government for remembering poor people like myself and others on the HSCT. People in my area do not stigmatise or look down upon us because they appreciate that we are being assisted and this has reduced the community's burden of care for us." – male beneficiary from ward 5 in Epworth.

"My neighbours look down upon me. They laugh at me for being a recipient of the HSCT. They say I am a lazy person who does not want to seek paid employment but just wants to rely on free handouts. They do not understand how I became a beneficiary under the HSCT." – female beneficiary from ward 5 in Epworth.

"Since I started receiving the HSCT, I feel appreciated in my village, and being of help to others." – female beneficiary from ward 1 in Epworth.

### 5.5.5 Beneficiaries' participation in collective action

In many community contexts, collective action is possible only if a significant amount of social capital is available in a household, village or area. The household survey assessed three items of information: (1) extent of collective action; (2) type of activities undertaken collectively; and (3) extent of beneficiaries' willingness to participate in collective action. Additional data were obtained from in-depth interviews with community leaders and FGDs with non-beneficiaries on their own, and CPC members.

HSCT recipients were asked whether in the past 12 months, they worked with others in their village or area to do something for the benefit of the community. The findings in table 5.59 below indicate that a majority of beneficiaries in Epworth were not involved in collective action in the past 12 months. While results for Goromonzi indicate that a majority had not participated in collective action, a considerable proportion had been involved.

**Table 5.59: Beneficiary participation in collective action**

		Epworth	Goromonzi
In the past 12 months, have you worked with others in your village/ neighbourhood/ ward to do something for the benefit of the community	Yes	13,1%	40,2%
	No	86,9%	59,8%
	Total	61	92

Data for the entire sample were cross-tabulated by age of respondent. Most of the respondents (75.2%) in the 60-99 years age group reported they had not been involved in collective community action in the past 12 months. Some of those who said they had not participated indicated that they had been exempted by the village heads from participating in collective community action on account of old age and frail health. This may indicate that the communities are caring and show compassion and understanding towards the elderly, sick and disabled. Beneficiaries were asked whether their participation in collective community action was voluntary or they were required by some community authority to participate. A majority of respondents in Goromonzi (57.1%) said they were required to participate by community leaders while all respondents from Epworth said they volunteered.



The type of collective community activities most frequently mentioned by beneficiaries (in Goromonzi) were road rehabilitation; removal of litter and weeding at the community cemetery (community organised activities for maintaining infrastructure). In both cases communities were required to work together by village heads. Thus, collective action was mostly not based on voluntary participation. In Goromonzi district, FGDs with non-beneficiaries and CPC members indicate that there is a strong tradition of mutual help where community members are expected to support one another. For example, most beneficiaries said if there was a water supply problem in their community, it was very likely that people in their community would collectively act to resolve the problem.

Qualitative evidence indicate that participation in collective community activities enabled some of the HSCT beneficiaries to access bridging forms of social capital resources as they were able to interact with other people across social status, and identity. One female HSCT beneficiary from ward 15 in Goromonzi said: "I have extended my social network through participation in community-organised activities and through these connections; I have been able to access useful information resources about cropping practices. I find community-organised activities both useful and enjoyable."

Some of the HSCT beneficiaries in wards 4 and 15 in Goromonzi district said that collective community activities called by community leaders were helping to ease "subtle tensions" between beneficiaries and non-beneficiaries created by the HSCT. Community members reportedly worked well, talked to each other and shared jokes during those activities. The beneficiaries commended the village heads for bringing them together through these community-organised activities.

The effects of the HSCT on collective action are unclear. The findings raise questions about whether the HSCT is a factor that contributes to beneficiaries' willingness to participate in collective community action in cases where beneficiaries volunteered or were required to participate. The evidence is inconclusive even though there are benefits that are realised by beneficiaries from their participation in the activities.

The survey results in table 5.60 below show that most HSCT beneficiaries in Epworth district and in Goromonzi would be willing to contribute either time or both time and money towards activities that would improve the quality of life in their communities. This is an indication of cooperative efforts and positive social and mutually beneficial relationships between the HSCT beneficiaries and other community members. Qualitative evidence suggested that in cases where HSCT beneficiaries provided monetary contributions toward community activities, the amounts involved would be small ranging between \$1 and \$2,50. The contributions would be taken from beneficiaries' savings from the HSCT. This type of evidence suggests that the HSCT contributes to the strengthening of beneficiaries' social connectedness with the wider community. It should be highlighted that HSCT beneficiaries were among the poorest and most vulnerable people in their communities, majority of whom begged for meals, yet they show a willingness to contribute labour or cash toward community activities which do not directly benefit them.

**Table 5.60: Beneficiaries willingness to contribute time or money towards a community project**

	Epworth	Goromonzi
Will contribute time	59,7%	67,4%
Will not contribute time	1,6%	0,0%
Will contribute money	8,1%	5,4%
Will not contribute money	1,6%	1,1%
Will contribute both time and money	22,6%	18,5%
Will contribute neither time nor money (no contribution at all)	6,5%	7,6%
Total	62	92

Household survey data show that old-aged heads of household (60+) were less willing to contribute time. They said they no longer had the physical energy to do so just as much as they no longer do time and labour demanding chores in their households. Labour, disability and ill-health were cited as constraints for participation in community-organised activities.

### **5.5.6 Effects of the HSCT on beneficiaries' civic engagement**

HSCT beneficiaries indicated that the cash transfer was helping them to strengthen their ability to participate in many social events within their communities, including at district level. Results in table 5.61 below show more

civic participation of HSCT beneficiaries in Goromonzi than in Epworth in agriculture-related events and traditional functions. This is not surprising because Goromonzi is a rural district where farming and traditional functions are typical events. In addition, communities there are largely homogeneous groups of people. Most HSCT beneficiaries in the two study districts said they supported one another by making in-kind, and occasionally cash contributions to funerals, memorial service functions and other contribution-based events within their communities.

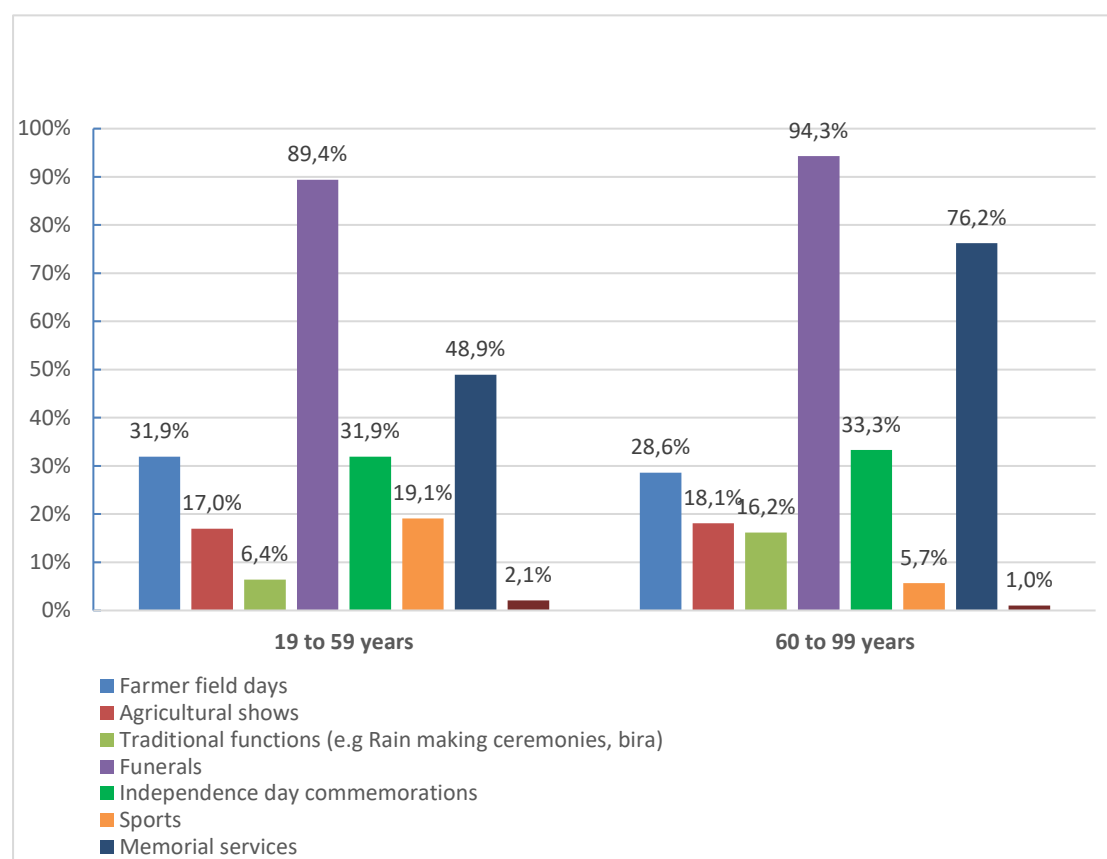
**Table 5.61: Beneficiaries' civic participation**

	District	
	Epworth	Goromonzi
Farmer field days	4,9%	46,2%
Agricultural shows	3,3%	27,5%
Traditional functions (for example, rain making ceremonies)	4,9%	18,7%
Funerals	93,4%	92,3%
Independence Day Commemorations	23,0%	39,6%
Sports	6,6%	12,1%
Memorial services (nyaradzo)	75,4%	62,6%
Other (specify)	1,6%	1,1%
Total	61	91

The data for the entire sample were analysed by age groups (19-59) and (60-99). Results in figure 5.13 below suggest that old-aged (60+) beneficiaries attended mostly funerals, memorial service functions, traditional ceremonies, Independence Day commemorations and agricultural shows. The 19-59 age group was mostly involved in attending funerals, farmer field days and sports activities. The results are unsurprising because traditionally, in many parts of Zimbabwe, the old generations are associated with traditional ceremonies and also solidarity-based events in communities, for example, funerals, burials and memorial service. For their part, Independence Day commemorations may be important for old generations because independence evokes the history and memories of the liberation struggle and most of the old generation people were already born and knew what was happening at the time. This may not be so much the case for young generation particularly those born in post-independence Zimbabwe. The young generations are likely to be

associated with physically-demanding activities such as sports and knowledge-driven events such as farmer field days where there is learning about cropping practices and agricultural technologies.

**Figure 5.13: Percentage of respondents who reported participating in community events by age of respondent**



Beneficiaries in the two study districts said the community events they attended were important to them for several reasons: (1) to obtain rain-making and agriculture information; (2) grieving together; (3) sharing ideas and information; (4) to receive political information updates at Independence Day commemorations; (5) promoting cultural values; (6) sports for fun and physical fitness.

### 5.5.7 Unintended effects of the HSCT

Household survey and qualitative data suggest that the HSCT led to some positive and negative effects that are outside its original design intentions. While it could be argued that many of the social effects of the HSCT

highlighted above could be classified as unintended effects stemming from the programme, this study makes the case for the following as unintended consequences of the HSCT:

#### 5.5.7.1 Exclusion

The household survey contained questions intended to find out whether there were any services from which heads of HSCT beneficiary households or members of their households were occasionally denied access or have limited opportunities to use in their communities. In addition, the survey sought to identify the perceived grounds for such exclusion. Results indicate that most of the respondents in the two study districts were occasionally denied or had limited access to education/schools; and health services and clinics. Results for Epworth were particularly striking as all respondents said they had difficulties accessing housing assistance, credit finance, job training/employment; water distribution and sanitation services.

In terms of the reasons or criteria why some people are excluded from accessing these services findings in table 5.62 below show that several characteristics were grounds for the exclusion.

**Table 5.62: Grounds for exclusion from accessing services - frequency**

	District	
	Epworth	Goromonzi
Age	20	15
Gender	4	3
Participation in the HSCT programme	12	44
Religious beliefs	1	4
Lack of education	7	14
Income level	45	69
Social status	12	22
Race/tribe/ethnicity	1	1
Being disabled/handicapped	5	7

Participation in the HSCT is one of the grounds for exclusion from other services and material support in both districts. Survey and qualitative data show that the pattern of exclusion from other social protection and relief support destined to the poor and vulnerable groups in the two districts,

notably government's grain distribution scheme, and Plan International's food assistance scheme in Goromonzi varied within and across wards in the same district particularly in Goromonzi. Some HSCT beneficiaries in Goromonzi's ward 15 reported they were receiving 50 kilogram bags of maize every month under the MOPSLSW's grain distribution programme while other HSCT beneficiaries in the same ward were not getting the maize. A similar pattern obtained in Goromonzi's ward 4. Respondents from ward 4 said they were told the grain distribution scheme was targeting households with old people (60+ age). In ward 15, HSCT beneficiaries who reported receiving grain were of mixed age groups suggesting that age was not a criterion for selection of grain beneficiaries. All survey respondents from ward 15 in Goromonzi reported having been excluded from Plan International's food assistance scheme.

An in-depth interview with a village head in Goromonzi's ward 15 suggested that the exclusion of HSCT beneficiaries from other relief support was sanctioned by the community's traditional leadership. The village head said that in times of limited resources and where poverty levels were similar across households in a community, it was important to avoid double benefits for HSCT beneficiaries while other segments of the poor and vulnerable populations in communities faced hunger problems. Thus, giving others while limiting access to HSCT beneficiaries was a way of "universalising" resources and ensuring that "no one was left behind". In addition, the village head suggested that dividing out benefits in this way reduces social tensions, feelings of jealousy, and cases of witchcraft.

All HSCT respondents from Epworth said they had been included in the government's grain distribution programme. The HSCT focal persons in the two study wards also confirmed receiving maize support under the grain scheme in recognition of their voluntary contributions towards supporting community development projects including the HSCT in their wards.

HSCT beneficiaries in the two study districts also reported that children from their households are often excluded from education assistance under government's Basic Education Assistance Module (BEAM). The BEAM is one

of government of Zimbabwe's social protection safety nets that helps children from poor and vulnerable households to access education across the country. The government's policy position is that children from HSCT households are automatically eligible to receive BEAM assistance. The HSCT and BEAM are complementary interventions. Survey respondents said BEAM uses a different targeting and selection approach from the HSCT. The selection process is community-based, with community leaders having some influence in the selection process. The BEAM selection committees apply a similar rationale that since HSCT households are already receiving some form of assistance, it is important for the community to spread other benefits that come into the community across all poor and vulnerable populations.

Qualitative evidence from in-depth interviews with MOPSLSW officials suggested that the exclusion of HSCT beneficiaries from other social protection or relief programmes is not formally sanctioned. The officials said the MOPSLSW face operational capacity and resource constraints to enforce the policy on the ground. However, it is ironical that the grain distribution scheme in which some HSCT beneficiaries were excluded from, was implemented under the MOPSLSW in coordination with local government authorities such as District Administrators.

#### **5.5.7.2 Currency of HSCT transfers and potential negative effects**

The study identified potential negative effects associated with payment of HSCT in United States dollars. Zimbabwe is currently going through a severe cash crisis. In November 2016 the government of Zimbabwe through the Central Bank introduced a form of local currency called bond notes and coins whose exchange rate is fixed by law (RBZ Amendment Act of 2016) and at par with the United States Dollar. The market has different rates which are higher than the decreed rate. The general premiums offered on the United States dollar in the unofficial market are between 30% and 40%. Despite the severe cash shortages in Zimbabwe, HSCT beneficiaries have continued to receive their transfers in United States Dollars because the main sources of HSCT funds are international development partners.

Field observations indicate that when beneficiaries purchase goods from community shops near payment points and on the day of cash distributions, they are given change in bond notes and coins. Shop operators said bond notes are the currency that is commonly used in their communities as United States dollars are in short supply. Bond notes and real United States dollars differ in their purchasing power and store of value properties. With beneficiaries giving up their US dollars at the point of first transaction, this suggests that beneficiaries' cash transfers lose value each time they transact. Thus, the intended effects of the HSCT are likely to be reduced over time. Consequently, HSCT beneficiaries may no longer be able to save and invest part of their HSCT. It seems that secondary beneficiaries such as community shop operators and other non-beneficiaries who trade commodities with HSCT beneficiaries may turn out to be the main beneficiaries from the HSCT from an economic perspective.

There are two other potential negative effects associated with HSCT beneficiaries continuing to receive their cash transfers United States dollars, and in communities dominated by the weaker bond notes. The first is that HSCT beneficiaries appear to be “small United States dollar islands in seas bond notes,” a situation which puts them at risk of being victims of theft and robberies. Survey data shows that 26.7% of HSCT beneficiaries in Epworth and 18% in Goromonzi were victims of crimes such as theft and mugging in the past 12 months. The second potential negative effect of HSCT disbursements in United States dollars is that in an economic context of scarce foreign currency and where demand for the strong currency is high, the HSCT may become an unintended channel of United States dollars into the unofficial market. This could occur in situations where HSCT beneficiaries may be offered high premiums in exchange for their US dollar cash transfers.

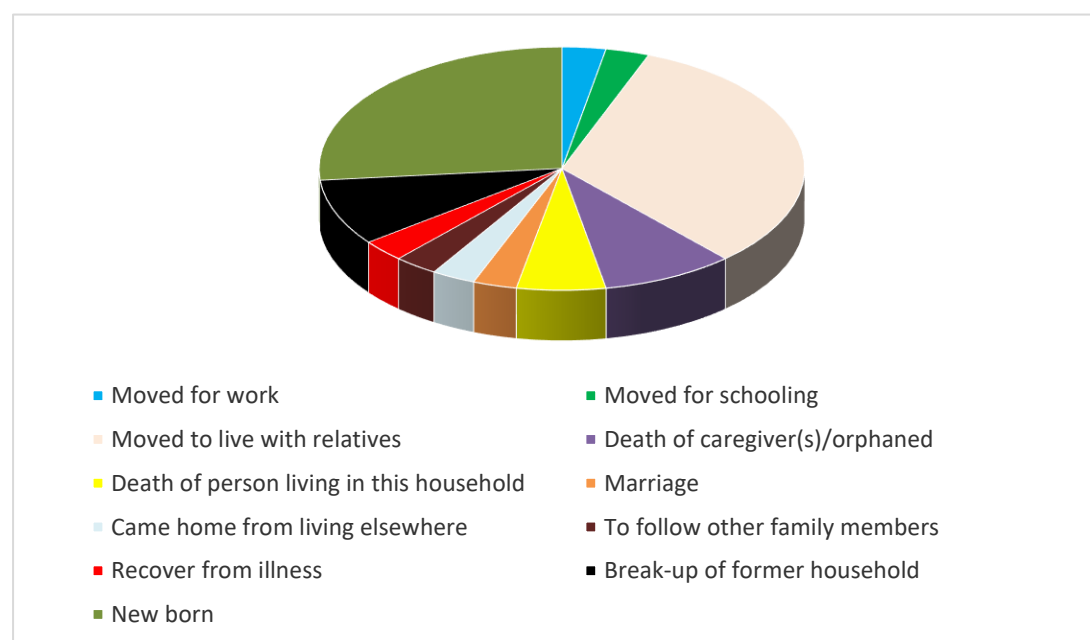
#### **5.5.7.3 New household members: the magnet effect of the HSCT**

Survey findings suggest that the HSCT appears to have acted as a “magnet” by attracting new people to HSCT households between 2012 and 2016. The HSCT started in 2012. Figure 5.14 below demonstrates reasons which support the magnet effect of the HSCT across the study sample. A significant



proportion moved in to live with relatives in HSCT households, others came back home from living elsewhere; to recover from illness; and moved in following death of caregiver(s)/orphaned.

**Figure 5.14: Reasons for joining HSCT households**



Across the study sample, most of the new household members were reported to have joined HSCT households more than one year ago and between 6 to 12 months back from the time the survey was carried out. Qualitative evidence indicates that in some of the cases, for example, where relatives originally came to recover from illness, in the end the visits were transformed into long term stays. It seems the HSCT acted as a social safety net distributing programme benefits to more people with kinship and social ties with HSCT beneficiary households.

The study found no evidence to suggest that the HSCT may have increased fertility levels in beneficiary households which could account for the new- born babies. There was also no evidence to suggest that receiving the HSCT may have influenced marriage decisions in beneficiary households. This was beyond the scope of the present study and these are subjects which may require separate academic investigation.

#### 5.5.7.4 Effects on social, cultural and gender norms

With 60% of all HSCT beneficiary households surveyed headed by women, in most cases making them the HSCT recipients who travel to the payment point to receive their cash transfer every two months, it seems that the HSCT has helped to bring women out of their homes and created opportunities for socialisation and networking with members of the wider community. Before, women generally did not have many frequent opportunities to leave their homesteads.

#### 5.5.7.5 Possession of identification cards

The HSCT requires beneficiaries to have national identification cards or HSCT-specific identification cards in order for beneficiaries or their registered proxies to access cash at payment points. At the start of the HSCT in 2012, some beneficiaries in Epworth and Goromonzi said they did not possess national identification documents but had to obtain IDs from the civil registrar so they could be registered in the HSCT management information system. Those who could not secure IDs were given programme identification cards such as the one in Box 5.24 below.

Beneficiaries in Epworth and Goromonzi reported that obtaining a national identity document or programme through the HSCT had positive psychosocial effects on them as they may remained in the “underworld” without some form of identification and national recognition of their existence. In this regard, they were grateful to the catalytic effects of the programme in helping them to secure identity cards.

#### Box 5.24: An Example of an HSCT programme identification card



## 5.6 Summary and conclusion

The chapter presented and interpreted findings from the household survey and qualitative data collected from interviews with key informants, FGDs, case studies, field observations, and documentary evidence. The entire study sample had 217 respondents most of whom were survey respondents from beneficiary households. The results are presented according to themes that are linked to the study's objectives and research questions. The demographic characteristics of beneficiary households depict a profile typical of extremely poor households in Zimbabwe an indication that the HSCT is reaching out to the poorest and vulnerable people.

Beneficiaries' views on key design and implementation features of the HSCT were generally positive with most beneficiaries expressing satisfaction with the targeting method and eligibility criteria. An overwhelming majority of cash recipients reported that the size of the HSCT is insufficient to meet all their wellbeing needs. Data indicates that most beneficiaries use cash positively.

Most beneficiaries walked to the payment collection points and reported travelling with someone for safety and friendship reasons. An overwhelming majority of respondents said they were happy with the physical cash delivery method. There is no standard approach to the location of payment points other than centrality considerations. Some payment collection points are within school premises while others are in open spaces making the collection a public affair. While most beneficiaries in Epworth and Goromonzi understood that receiving the HSCT is an entitlement, this was not supported by greater use of grievance and complaints mechanism. There are gaps in beneficiaries' understanding of how and to whom to report grievances and complaints in the HSCT.

Most of the beneficiaries reported satisfaction with provision of extra services at payment point. A majority of the beneficiaries reported that they expect to receive the HSCT for the rest of their lives and indication that they are not expecting to exit the programme even if they may no longer be eligible to continue receiving the HSCT.

Data indicates that in most cases the HSCT strengthened social, gender and generational relations between members in HSCT households. There were isolated cases of domestic violence and neglect following receipt of the HSCT in some households. The findings show that the HSCT weakened social relations and trust between beneficiaries and non-beneficiaries yet it strengthened social relations between beneficiaries and programme official, and HSCT focal persons. The study shows that the HSCT had positive effects on bonding social capital of beneficiaries, and linking social capital. Furthermore, the study highlighted widespread positive psychosocial effects on individual beneficiaries and household members.

The findings further indicate positive effects on norms of reciprocity, and increased the visibility of women in the community as well as improving their role in decision-making and management of household income.

The study reveals that the HSCT has unintended effects on beneficiaries particularly indications that the cash transfers act as magnets which attract new household members, and act as a catalyst which facilitates some beneficiaries' access to identity documents.

The next chapter is a detailed discussion of findings in terms of theory, practice and existing relevant literature. This is followed by a summary of findings, conclusions, implications of findings for policy and practice, recommendations for future research and contributions of the study to research.

## **CHAPTER 6:**

### **DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS**

#### **6.1 Introduction**

The purpose of this exploratory and descriptive study was to examine the effects of an unconditional cash transfer scheme on weakening or strengthening individual, household and community social capital in a rural and a peri-urban project setting in Zimbabwe. The HSCT targets the extremely poor and vulnerable segments of Zimbabwe's population. Specifically, this study addressed the following key issues: demographic characteristics of beneficiary households; the main design and implementation features of the HSCT; the knowledge, experiences and perceptions of HSCT beneficiaries, programme officials, community leaders, non-beneficiaries, and community volunteers (CPC HSCT focal persons) about the HSCT programme; the positive and negative effects of the HSCT on a diverse set of social relations, gender dynamics, and generational relations; effects on beneficiaries' participation in membership associations, social networks and community groups; effects on cognitive and psychosocial dimensions of social capital; types of social capital (bonding, bridging and linking) affected by the introduction of the HSCT; and the unintended positive and negative effects stemming from the HSCT.

For this purpose, a comprehensive household survey was conducted with heads of HSCT beneficiary households. Qualitative data for this study came from: case studies of selected HSCT beneficiaries; in-depth interviews with programme officials and community leaders; separate focus group discussions with non-beneficiaries and HSCT focal persons; and field observations at HSCT payment points. Secondary data came from an extensive review of HSCT documents including but not limited to the HSCT manual of operations, design documents, beneficiary lists from the HSCT MIS, and progress and evaluation reports.

The data were coded, analysed and organised by themes and sub-themes that are linked to research objectives and questions. The research questions and objectives were largely satisfied by the detailed findings presented in chapter five. The body of evidence drawn from the primary and secondary data suggests that the HSCT has both positive and negative effects on structural and psychological dimensions of social capital, as well as on the three types of social capital in the two study communities. The programme also has unintended positive and negative effects on beneficiaries. The need for embedding social capital considerations in the design, and operational processes of cash transfers cannot be overemphasised.

This chapter critically analyses and synthesises the study's main findings in terms of relevant literature, theories, and practice in an attempt to ascertain the ways in which the study contributes to the growing body of empirical evidence on social effects of cash transfers. The findings are compared with those of previous similar studies, and differences or similarities are highlighted. The chapter also points out the new insights, unanticipated outcomes of the study, and ways in which the findings go beyond existing literature. The analysis and synthesis are organised according to the study's objectives and research questions. The first section discusses the key design and implementation features of the HSCT. This is followed by a discussion on effects of the HSCT on dimensions and types of social capital. The second section is a presentation of the main conclusions drawn from the findings; followed by a discussion of the key implications for policy and practice; and an outline of what further investigations may be beneficial. The chapter closes by providing the study's important contributions to research.

## **6.2 HSCT design and implementation features**

The first objective of the study sought to identify and analyse the key design and implementation features of the HSCT. The study identified nine design and operational features of the HSCT. This section analyses and synthesises the main design and operational features in relation existing literature, theory and practice. The discussion focuses on the following features: objectives of the HSCT; unconditionality; targeting and eligibility; payment method;

grievance and complaints handling mechanism; duration of benefits; and complementary services.

### **6.2.1 Objectives of the HSCT**

The HSCT is a social cash transfer designed with the main goal of alleviating short-term poverty and encouraging human capital development (MOLSS 2014:7). Its specific objectives are to: (1) raise the purchasing power of extremely poor and labour-constrained households; (2) empower beneficiary households to increase their consumption to levels beyond the food poverty line; and (3) improve nutrition status, and health and education outcomes as well reduction of mortality for children living in HSCT households.

The stated objectives of the HSCT are consistent with broad aims and specific objectives of cash transfers identified in the CT literature namely: (1) social protection and security of vulnerable populations (Hanlon *et al.* 2010; Chambers cited in Nayaran *et al.* 2000; and Sabates-Wheeler & Devereux 2010); (2) safety net that reduces suffering of the poor and extremely poor (World Bank cited in Africa Progress Panel 2014; and Hanlon *et al.* 2010); and (3) protecting and promoting human capital development (Hanlon *et al.* 2010).

From the foregoing, it appears that the HSCT's stated objectives are defined in what Sabates-Wheeler and Devereux (2010:69) refer to as "a narrow safety net sense" where the primary focus of the cash transfer is logically on smoothing consumption in response to income and food poverty. Yet, according to Blackwood and Lynch (1994:569) "[p]overty does not end abruptly once an additional dollar of income raises a family's (or individual's) income beyond a discretely defined poverty line. It is more accurate to conceive of poverty as a continuous function of varying gradation."

Findings from this study on use of cash transfers by beneficiary households, and the local spill over effects to the wider community indicate that the HSCT is having positive effects that go beyond the stated objectives in the programme.

Beyond alleviating short term poverty, increasing consumption and protecting and promoting human capital development, research findings suggests that the HSCT has some transformative effects. I borrow from Thandika Mkandawire (2007) the notion of “transformation” to demonstrate the “productive and investment-oriented effects of the HSCT on beneficiary households and the wider recipient communities.

The stated objectives of the HSCT seem to envisage beneficiary households as playing catch-up yet evidence from this study goes beyond this notion. Results from this study show that some of the HSCT beneficiaries in Epworth and Goromonzi have built or improved their houses; accumulated productive assets that help them to build long term resilience and sustainable livelihoods; and unlocking investment opportunities through insurance schemes - informal savings and loan groups, or more formal life insurance schemes. These findings indicate that some of the HSCT beneficiaries are not only playing catch-up through the redistributive nature of the HSCT but have instead “leap-frogged” not only other HSCT beneficiaries but even some of the households excluded from the HSCT who were just a little better off initially, as the evidence from the FGDs with non-beneficiaries indicates. Some of the non-beneficiaries in Epworth said they were inspired by the achievements of some of the HSCT beneficiaries. Construction or renovations of houses, accumulation of livestock and purchase of household furniture items were cited as examples of beneficiaries’ success stories.

Furthermore, qualitative evidence from community business operators and beneficiaries indicates that increased consumption expenditure is stimulating increased demand for goods in the recipient communities. This finding supports the results from a Local Economy-Wide Impact Evaluation (LEWIE) study done by FAO (2014c) and which demonstrated through simulation that spending by beneficiaries in the HSCT creates multiplier effects as high as \$1.73 per \$1 transferred to a beneficiary household, creates high demand for goods, and stimulates the production of crops by \$0.31 per \$1 transferred and livestock by \$0.14 per \$1 transferred.



While not explicitly stated as objectives in the HSCT, findings from the present study suggest that the HSCT has moral and ethical dimensions to its effects. Hanlon *et al.* (2010:34) make the point that cash transfers can serve to promote moral and ethical goals which include but are not limited to the empowerment of girls. Evidence from the present study points to the HSCT having positive effects on empowerment of women and girls in beneficiary households. With 60% of all HSCT beneficiary households surveyed headed by women, and in most cases making them the HSCT recipients, the study found that most of them were the decision-makers on how the cash transfer was used in the household. In addition, recipient households said risky coping mechanisms such as withdrawal of the girl child from school, a practice which was prevalent prior to the introduction of the HSCT in both districts had declined. Beneficiaries reported paying fees for their children to attend school, and making payment plans based on receipt of the HSCT for children to be in school.

Drawing on the works of Sabates-Wheeler and Devereux (2010:70-71) the foregoing discussion and analyses of HSCT objectives based on findings from the study, relevant CT literature, and evidence from other studies, point to the HSCT as a programme whose effects indicate: relief from poverty and deprivation; preventive measures which enhance beneficiaries' participation in informal mechanisms such as savings clubs and funeral societies, and strategies of risk diversification; and promotive measures which enhance beneficiaries incomes, capabilities, resilient and sustainable livelihoods. Furthermore, the HSCT is a programme that has an implicit moral and ethical objective on empowerment of women and girls.

### **6.2.2 Unconditional nature of the HSCT**

An overwhelming majority of HSCT recipients who took part in the survey in Epworth and Goromonzi districts understood that the HSCT is an unconditional cash transfer, that is, continued receipt of the HSCT was not subject to beneficiaries complying with particular conditions. Household survey data further show that HSCT beneficiaries in Goromonzi and Epworth were using HSCT payments positively. Consumption expenditures on food

and nutrition needs; school fees and uniforms; health care; clothing; shelter; investment in productive activities such as small businesses; and membership fees in subscription-based networks were identified as the main uses of the HSCT by beneficiaries. In addition the findings show that in most HSCT households, all household members benefit from the cash payments. There is intense debate in the cash transfer literature on whether cash transfers should be conditional or unconditional. Findings from the present study on the positive use of cash lend support to the alternative development theoretical notions underpinning unconditional cash transfers that the poor and vulnerable people are rational actors who use the extra income from cash transfers wisely and creatively without the need for conditions (Barrientos and Hulme 2010:3). In this regard, the findings challenge the neoliberal ideology which is premised on the notion that “poor people must be guided or compelled to act in the best interests of their children” (ibid.).

The study’s results on positive use of cash in an unconditional cash transfer scheme are consistent with findings from similar studies in the CT literature. For example, Schubert (2010:217) found that beneficiaries of the Kalomo pilot cash transfer scheme used most their cash payments wisely on child care and to meet basic household welfare needs. In their study investigating the social impacts of Indonesia’s Bantuan Langsung Tunai (BLT) unconditional cash transfer, Hossain *et al.* (2012) found widespread positive uses of cash by beneficiaries, for example, paying school fees and purchasing uniforms; house repairs; repayment of debts; and investments in livelihood activities. Other studies with similar results are Banerjee and Duflo (as cited in Cluiness-Ross and Huq 2014:78), and Natali (2017).

The present study’s findings on unconditionality and the associated positive use of cash by HSCT beneficiaries suggest that the assumptions that underpinned the government of Zimbabwe’s decision to design the HSCT as an unconditional cash transfer have so far proved to be realistic and are holding. The research evidence appears to further suggest that poor and vulnerable families may need only a boost in their incomes to improve their wellbeing.

Yet other scholars (Govender 2011; and Baird, De Hoop, and Olzler as cited in World Bank 2015) make the point that the distinction between unconditional and conditional cash transfers is not sharp. The authors suggest that most cash transfers to the poor are conditional even though the conditions may not be expressly stated. It could be argued that the HSCT has soft conditions premised on the regular messaging at payment points on responsible use of cash. Soft conditions do not result in penalties in cases of non-compliance. As established in the study, HSCT beneficiaries receive regular recommendations on responsible use of cash at payment points each time they go to collect their transfers. The study found that a small percentage of beneficiaries in the two districts perceived the HSCT as a conditional cash transfer. They cited the two perceived conditions: (1) sending children to school, and (2) buying food for the household. According to these beneficiaries, it appears these perceptions arose from the repeated message coming from programme officials on responsible use of the HSCT. Invoking Govender's (2011) theoretical notion of a conditional cash transfer suggests that the HSCT may be regarded as a conditional cash transfer on account of the fact that recipients have to be food-poor and labour-constrained to qualify to receive benefits. Govender (2011) argues that eligibility criteria are a form of conditionality in cash transfers just as illness, unemployment or disability are, for one to qualify for social insurance benefits in South Africa. Similarly, operational rules in the HSCT such as: (1) removal of beneficiaries who miss three consecutive payments from the HSCT MIS register, and (2) the requirement that only pre-registered representatives are considered for payment, may be considered forms of conditionality in the HSCT. However, Lund *et al.* (as cited in Govender 2011) argue that administrative requirements such as the two examples cited above are not conditions.

### **6.2.3 Targeting method and eligibility criteria**

The findings on targeting and eligibility criteria have particularly important consequences for theoretical debates between the two extreme positions identified in the targeting literature. There are proponents who argue in favour of universalism, and those who argue in support of targeting as an efficient

way of redistributing limited resources. The views expressed separately by HSCT programme officials, community leaders, beneficiaries, and non-beneficiaries on HSCT targeting broadly reflect the dichotomy between proponents of universal benefit systems on one end, and targeting approaches to social protection on the other end.

For non-beneficiaries and community leaders in the two study districts, universal cash transfers are preferable. This is supported by the findings that non-beneficiaries in FGDs in the two study districts perceived their welfare challenges to be no different from those that made HSCT beneficiaries eligible to receive the HSCT. They did not agree with the finer gradation details that resulted from the proxy means tests used in the HSCT suggesting that the social divide between themselves and HSCT beneficiaries was artificial. Non-beneficiaries suggested that the HSCT be scaled up to include them. These findings echo results from similar studies: Adato (2000) and Hossaini *et al.* (2012). In both studies, there were strong preferences for universal benefits by non-beneficiaries on account of targeting concerns from non-beneficiaries. Rothstein; and Rothstein and Uslaner (as cited in Uslaner (2008:114) make a point that lends support to the universalistic preference of the non-beneficiaries in HSCT-recipient communities. The authors aver that countries with high levels of trust “are more likely to have universalistic rather than means-tested welfare programmes.”

Community leaders – village heads and ward councillors, HSCT focal persons in the two districts alluded to the incidence of exclusion errors in the HSCT, sentiments which were corroborated by a majority of the HSCT beneficiaries in the two districts. Borrowing from statistical theory, Mkandawire (2007:317) refers to exclusion errors as “type I errors” or “false positive”. From their point of view, community leaders and HSCT focal persons suggested that a universal cash transfer would limit overt and subtle social tensions associated with the current proxy means-tested HSCT on account of every deserving beneficiary receiving the HSCT.

The incidence of inclusion errors, which Mkandawire calls “type II errors” or “leakage” (ibid), in the HSCT based on observations made by HSCT focal

persons particularly in Goromonzi where formally employed persons such as teachers and headmasters were identified as ineligible indicates that the proxy means test method used in the HSCT has some flaws. The targeting flaws identified by the present study namely, perceptions of unfairness, inclusion and exclusion errors are similar to the targeting concerns identified in previous studies such as Adato (2000); Hanlon *et al.* (2011); Hossain *et al.* (2012). This suggests a persistence of the known challenges associated with proxy means test.

Concurring with findings of a previous study in Nicaragua (Hanlon *et al.* 2011) the present study indicates that the proxy means test method is not widely understood by communities particularly non-beneficiaries and community leaders, an indication of information asymmetries. The latter indicated that they were not involved in the targeting and selection process of HSCT beneficiaries yet they have more information and a deep understanding of which individuals or households are vulnerable and in need of assistance. In addition they said they have often had to deal with targeting and selection complaints from non-beneficiaries. Some non-beneficiaries in FGDs queried how they were left out from the HSCT when they perceive their poverty and vulnerability characteristics as similar to those of HSCT beneficiaries. These findings point to differing definitions of poverty and vulnerability between the formal measurements of proxy means tests and community perceptions of poverty. Alatas *et al.* (2010) and Conning and Kevane (2002) make similar points in their targeting studies.

Not surprisingly, most of the HSCT beneficiaries in Goromonzi and Epworth perceive the proxy means test method as fair on account of the fact that the targeting was carried out by external agents unknown to recipient communities and that targeting survey respondents did not know the purpose of the exercise. Thus, the targeting data were free from manipulation and elite capture by influential people in the community. None of the previous studies in the targeting literature that was reviewed cite similar advantages for the proxy means test method which suggest that the present study's findings contribute to the existing targeting literature. The commonly cited advantages of proxy

means tests relate to the fact that the method can be used to target many programmes in a country (Fiszbein and Schady 2009), and that they achieve acceptable levels of accuracy (Johannsen, Tejerina and Glassman 2010). In analysing the HSCT beneficiaries' and programme officials' perceptions of HSCT targeting, I draw heavily on Makandawire's work on "targeting and universalism in poverty reduction". The perceptions of beneficiaries on HSCT's targeting and selection methods seem to advance the case for discrimination between the poor and non-poor (Mkandawire 2007:317). It seems the HSCT beneficiaries perceive themselves as the "truly deserving poor" who have passed the proxy means test, and therefore entitled to receive the HSCT benefits ahead of other community members (ibid.), views contradicted by non-beneficiaries.

The MOPSLSW and UNICEF officials argued that given the limited resources available for the HSCT, it was important to target the HSCT to the food-poor and labour-constrained households. The government was seen as having less capacity to provide universal cash transfers under the HSCT. The donors who contribute financial resources to the HSCT lean heavily towards targeted benefits. According to Mkandawire (2007:309) one reason for the preference of targeted benefits by international development partners is that "aid is nowadays understood not so much in terms of helping developing countries, but in terms of helping the poor." There is a strong push by international donors that developing countries should demonstrate that aid is directly reaching the poor (ibid.). The limitation of financial resources as the driving force behind targeted benefits has been characterised by Mkandawire (2007:307) as "the fiscal constraint and quest for efficiency" argument. In this regard, the MOPSLSW, UNICEF and international donors consider proxy means test targeting in the HSCT as "the most efficient and commonsensical thing to do under the circumstances [budgetary constraints]".

A further argument deployed by the MOPSLSW officials for proxy means test targeting is political in its formulation. The MOPSLSW officials said the choice of proxy means test targeting in HSCT was partly to do with selecting beneficiaries in a "non-political" but "technocratic way" (ibid). It was argued by

the MOPSLSW that in Zimbabwe's politically polarised context, it was important to use a targeting approach that was free from political interference or manipulation.

Some of the HSCT beneficiaries in the two study districts reported that the creation of the category "HSCT beneficiaries" induced feelings of stigma, and inferiority in them – a cost consequence of targeting. This finding contradicts results from an empirical study conducted by Adato (2000) on the impact of Mexico's PROGRESA on community social relations. Adato (2000) reports that "rather than there being stigma from inclusion ... there appear[ed] to be stigma associated with exclusion [from PROGRESA]" suggesting that targeting had negative psychological effects on non-beneficiaries. The finding on feelings of stigma and inferiority by HSCT beneficiaries lends support to Sen's argument that "any system of subsidy that requires people to be identified as poor and that is seen as a special benefaction for those who cannot fend for themselves would tend to have some effects on their self-respect as well as on the respect accorded to them by others" (Sen as cited in Mkandawire 2007:325). Furthermore, the finding is also consistent with the assertion that "[m]eans-tested programmes stigmatise the poor – and lead to less generalised trust," Uslaner (2008:114). Mkandawire advances the notion that the risk of stigmatisation inherent in targeting is an important policy issue which needs addressing.

Findings show that there are some non-beneficiaries who were missed by the targeting survey teams as they were not at home at the time of the visits, and that the enumerators did not subsequently return. They perceive this to be the reason of their exclusion from the HSCT even though it was unclear if they would have met the HSCT eligibility criteria had data on their demographic and socio-economic circumstances been collected. Adato (2000) reported similar findings from a study carried out in Mexico. In the study some non-beneficiaries reported that they were excluded from PROGRESA's beneficiary list because they were not at home when the enumerator arrived, and were never visited again. These findings suggest that targeting surveys and proxy means tests may not be appropriate to specific groups such as mobile

populations in peri-urban and largely informal settlements such as Epworth. Programme officials and CPC members in Epworth reported that they often faced difficulties locating some beneficiaries who would have migrated to live in other areas even though these locations may still be within Epworth district. This creates difficulties of access to benefits by mobile populations as eligibility is not portable. The World Bank (as cited in Gentilini 2015:32) similarly notes that “in Indonesia about 20 percent of households being initially surveyed in urban areas cannot be found in the same residence within a period of 6 months ....”

The present study found that not all beneficiary households in the two districts said they were selected because they have no able-bodied member (18-59 years) fit for work yet this dimension of labour constraint is an important criterion for selecting households into the HSCT. For a household to be selected into the HSCT, it should meet both the food-poverty and labour-constraint criteria. The results seem to suggest that beneficiaries know and understand the poverty criterion better than the labour-constraint dimension.

The notion of the demographic criterion labour-constraint is nebulous as there is no internationally accepted definition and this brings subjectivity and context factors in operationalising the criterion. In many parts of Africa including Zimbabwe, older people beyond the age of 59 years could still regard themselves as fit for work even if they still have to care for at least three dependents yet. In rural communities in Zimbabwe, sights of older generations working in the fields are common. Thus, the labour-constraint criterion defined as “where there are no household members between the ages 18-59 years who are able to generate an income, or where the only able-bodied household member must care for more than three dependents in the household” may be at variance with how this is understood in some African contexts. In some cases persons in the age group 18-59 years and living with disabilities could still regard themselves as fit for some types of productive work yet the strict definition of labour-constraint includes people living with disabilities or persons taking care of a disabled family member. In this regard, beneficiary households that did not cite the labour constraint



factor as one of the reasons for being selected into the HSCT could have done so on the basis of a different interpretation of what the criterion means to them. They could still consider an older person above 59 years and taking care of many dependents as fit for productive work. Thus, local perceptions of labour-constraint criterion may differ in some way from those which are represented by the HSCT guidelines.

#### **6.2.4 Grievance and complaints mechanisms**

In discussing the findings on HSCT's grievance and complaints mechanisms, I use some of the dimensions that are part of a framework first proposed by Barca *et al.* (2012). The dimensions are: awareness of entitlements; awareness of how and to whom to raise grievances and complaints; willingness to complain by beneficiaries (and non-beneficiaries) and complaints are addressed to complainants' satisfaction and feedback timely provided. The present study's findings show gaps in the HSCT's grievance system.

There are some variations in findings between the present study and other studies in the CT literature across the above-mentioned dimensions. For example, the present study found that while most HSCT beneficiaries in the two study districts viewed receiving the HSCT as an entitlement, there was still a general lack of willingness to complain, and concerns about protection from potential negative repercussions, and lack of privacy at the help desk. Yet, in their study of four social protection programmes in Indonesia, Barca *et al.* (2012:64) found that "[beneficiaries] often did not complain about programmes due to the fact that they were not fully aware of their entitlements, and therefore were not aware of what they should be complaining about". This apparent contradiction between the results from the two studies suggests that lack of awareness of entitlements as a stumbling block to the effectiveness of grievance mechanisms may be context-specific and it is not the only important variable at play in limiting effectiveness of grievance mechanisms.

As found in a previous study by FAO (2015:48) this study confirms that community leaders (village heads and councillors) were handling grievances from both beneficiaries and non-beneficiaries despite the fact that they were outside the formal implementation structures of the HSCT. This finding suggests several possibilities which include but are not limited to: (1) beneficiaries and non-beneficiaries may be comfortable and confident raising complaints through their “trusted” community-based structures than “strangers” in the formal grievance system; (2) that grievances were not being addressed at the higher levels leading to a lack of confidence in the system with beneficiaries preferring to raise their queries with community leaders; (3) a lack of awareness by both beneficiaries and non-beneficiaries that community leaders are not formally part of the HSCT’s implementation structures; and (4) limited access to the grievance system.

Neutral responses from beneficiaries on key dimensions of the grievance mechanism are likely to be valuable as they seem to indicate that the HSCT as a programme has not done enough communication to lead beneficiaries to have opinions on the topic of grievance and complaints mechanisms, and by extension social accountability.

### **6.2.5 Complementary services**

Findings from this study illustrate that beneficiaries have access to other important benefits at the payment collection point other than receiving their cash transfers. The HSCT programme has partnered with NGOs and other government departments and provides useful information on access to basic services such as birth registration, how to report cases of child abuse, and how beneficiaries might access HIV and AIDS counselling services. The provision of these extra services suggests that the payment collection point is a form of one-stop shop for HSCT beneficiaries. This design and implementation model of the HSCT is consistent with cash transfer designs in other Sub Saharan Africa. For example, Tanzania’s Productive Social Safety Nets (PSSN) programme runs nutrition sessions at payment collection points, Ethiopia’s Productive Safety Net Programme phase 4 (PSNP4) links cash transfers to nutrition and health services, and Ghana’s LEAP provides free

health insurance Palermo (2016). Evidence from evaluations conducted by UNICEF (2015:14) demonstrate the positive effects of combining cash transfers with complementary services in limiting risky behaviours compared to provision of cash transfers only. Similarly, the findings from this study indicate that the link between HSCT and child protection and welfare services positively contributes to building demand for those services.

If the HSCT payment collection points have been “transformed into social service points” as stated by UNICEF, then careful consideration which takes in to account the security of HSCT beneficiaries, should be given to opening service provision to non-beneficiaries too, noting that the location of some of the payment points are in public spaces which are frequented by non-beneficiaries as well. The suggestion by some HSCT beneficiaries to delink cash from complementary services is worth considering if complementary services are to be provided to whole communities. This may create opportunities to raise awareness of the HSCT programme to non-beneficiaries too, thereby breaking down information asymmetries. UNICEF and the MOPSLSW said that non-beneficiaries have access to information on child protection services through CPC members and schools back in their communities. However, the mobility of CPC members to reach out to other community members especially in remote areas is constrained by broken-down bicycles. This still leaves the HSCT beneficiaries with the advantage of ease of access to vital welfare information over non-beneficiaries.

#### **6.2.6 Payment method**

In analysing the physical cash payment method (cash-in-envelope) used in the HSCT scheme, I draw on – with modifications, an analytical framework developed recently by Barca, Hurrell, MacAuslan, Visram and Willis (2016). The authors used the framework to analyse three cash transfer programmes in Kenya: the Hunger and Safety Net Programme (HSNP) pilot, the Cash Transfer Programme for Orphans and Vulnerable Children (CT-OVC), and the Post-Election Violence Recovery (PEVR) programme. The framework analyses payment methods in terms of implications for programming and for cash transfer beneficiaries. I modify the framework to include a third

dimension: implications for social capital, a critical concept under investigation in the present study. Furthermore, I incorporate two additional criteria for analysing cash delivery options namely, human resources and flexibility, suggested by Harvey (as cited in Catubig, Villano and Dollery 2015). The authors analysed payment schemes used in Philippine's Pantawid Pamilyang Pilipino Programme (4Ps). Findings from the present study are compared with results from an assessment of a similar CT payment mechanism used in Kenya's CT-OVC programme. Table 6.1 below is an assessment of the HSCT's cash payment method using the above-mentioned criteria.

**Table 6.1: Assessment of the HSCT payment method**

Criteria	Assessment
<b>Programme-level considerations</b>	
Payment method's suitability for HSCT programme objectives	<p>HSCT aims to increase beneficiary households' purchasing power for consumption of basic goods and services. HSCT requires a reliable and predictable payment method which ensures regular cash flows to recipient households so that they can meet their consumption needs.</p> <p>Cash-in-envelope is suitable as it makes cash directly available to recipients who then choose how they use it. Current payment method distributes correct amount of cash to the right people, at the right time and at a minimum cost.</p>
Delivery options and existing infrastructure	<p>Uses a private sector security company (Securico) who have considerable experience with similar work. Most areas covered in the HSCT are accessible by road. At inception of the HSCT in 2011 operational costs for electronic payments and mobile money transfers were considered high when compared with physical cash delivery. In addition mobile network coverage was limited which would have still required physical cash delivery in remote areas served by the HSCT. Mobile network coverage has since improved in Zimbabwe.</p> <p>Direct cash delivery has the advantages of flexibility if recipients move location. There is no technology involved with this method and so no risk of technological failure. However, unlike in mobile money and electronic transfers opportunities for financial inclusion of the unbanked in HSCT districts are not available.</p>
<b>Recipient-level considerations</b>	
Distance to payment point	Round trip travel time minimal for recipients in Epworth but is longer for recipients in Goromonzi, a rural district. Recipients here said they took between 1 and 3 hours to travel to and from payment points. In Kenya's CT-OVC programme, walking distance was minimal except for beneficiaries who lived in the remote district of Garissa where walking could take a whole day (Barca et al. 2016).
Congestion at	Average waiting time was between 1 and 3 hours for

Criteria	Assessment
payment points	recipients in Epworth and Goromonzi. Similar findings in the Kenya's CT-OVC programme where waiting times was considered minimal except for Garissa (ibid.).
Security	Payment points in both Goromonzi and Epworth are somewhat a public affair and this exposes beneficiaries to security threats. Most recipients in Epworth and Goromonzi said they felt safe collecting their money from the HSCT payment point and taking it back home. However there were few reported incidents of muggings in Goromonzi district. In Kenya's CT-OVC, walking, waiting and public announcement of transfers was said to generate security risks (ibid.).
Communication about payments	Most beneficiaries are informed of payment date and locations by HSCT focal persons, and in private. This limits exposure to security risks associated with public announcement of payments as in the Kenya's CT-OVC programme (ibid.).
Need for national ID card	Yes. Beneficiaries are required to produce either national identification cards or programme IDs. Those who did not have IDs prior to the introduction of the HSCT reported feeling happy about owning an ID. Similarly, many cash transfer schemes in sub Saharan Africa require beneficiaries or their registered representatives to produce IDs, for example, Kenya's CT-OVC, LEAP in Ghana and Kalomo CT in Zambia.
Predictability and flexibility of transfers	<p>Payment method was largely predictable before the onset of cash shortages in Zimbabwe. There was one long delay since the programme started (March to September 2016). Current cash shortages have compromised predictability of HSCT payments and may negatively affect beneficiaries, for example, they may incur debts while waiting to receive cash, and could resort to risky coping mechanisms. Electronic or mobile money transfers may be the solution as beneficiaries could still transact using paperless money.</p> <p>Limited flexibility as cash is only collected during the payment cycle. If a beneficiary misses payment, they will need to wait until the next round where they can collect double payment. Kenya's CT-OVC uses post offices as payment collection points. Post offices are reported to provide predictability as they are permanent features in communities. Similarly, Kenya's CT-OVC offers little flexibility as cash can only be collected during a two-week payment window. Missed payments are accumulated (ibid.).</p>
Cost to beneficiary	Yes. Some recipients in Goromonzi reported incurring transport and accommodation costs in the process of travelling to and from payment points. A few other recipients in Epworth and Goromonzi reported paying their registered representatives some money as they go and collect payments on their behalf. In Garissa district beneficiaries under Kenya's CT-OVC programme reportedly incurred high transport and accommodation costs.
Human resources	The HSCT payment method requires more personnel from

Criteria	Assessment
	Government and the payment agent at payment points – help desk and payment desk. In addition, the programme relies on community volunteers (HSCT focal persons) to contact beneficiaries and to assist at payment points. Electronic transfers would require less in terms of personnel numbers.
<b>Social capital level considerations</b>	
Strengthening and expanding bonding ties	HSCT beneficiaries in the two study districts highlighted the value of attending pay points in person from a social capital perspective as a way of connecting with fellow beneficiaries, strengthening social ties, and exchanging information. In the case of electronic payments being introduced it will remove this important social capital dimension of the HSCT payment points.
Linking social capital between programme staff and beneficiaries	Physical cash delivery strengthens the vertical ties between people in positions of formal authority (government departments and NGO staff) and beneficiaries. With electronic payments, the physical contact between cash recipients and officials is little.
Social inclusion	Payment points are also accessible to non-beneficiaries in the two study districts. However, this access was limited to logging of grievances and complaints.
Access to complementary services	HSCT beneficiaries have access to other vital welfare services and information offered at payment points by government departments and NGOs.

The foregoing assessment demonstrates variation and similarity of issues across the HSCT and Kenya's CT-OVC programme. The latter uses post offices as cash transfer collection points. Similarly, the HSCT identifies facilities within recipient communities that act as cash payment points, for example, schools and business centres. This indicates that both programmes use existing infrastructure, although depending on need it seems easier and flexible to change payment locations in the HSCT than it is in Kenya because the latter uses one type of facility – post office.

The assessment of the HSCT payment method further shows that direct cash delivery method has its advantages and disadvantages. There is a trade-off of factors involved in deciding which method to use. For the HSCT, operational cost and limited mobile network coverage were key factors considered by the MOPSLSW and UNICEF in their decision to use the direct cash delivery method. However, with the current cash shortages in Zimbabwe, it's important to reconsider electronic and mobile money transfer options. A dual payment delivery mechanism incorporating both the direct cash delivery and electronic

or mobile money transfer payments should be considered. The former method may remain appropriate for beneficiaries who live in remote parts where there is limited to no mobile phone coverage or banks and retail outlets.

### **6.2.7 Demographic characteristics of beneficiary households and the HSCT model**

The HSCT scheme is being implemented under the Zimbabwe government's overarching national social protection policy framework, and the National Action Plan for Orphans and other Vulnerable Children (NAP for OVC).

The findings from this study show that most of the beneficiary households (80%) in Goromonzi and Epworth have children in them, and this is typical of the national profile of all HSCT households in the 19 districts where the programme is implemented. However there are households in the two study districts that do not have children in them but have notably the elderly-poor. For example, 27.4% of surveyed HSCT households in Epworth do not have children (0-17 years) in them. In Goromonzi district, 15.2% of the HSCT households that were in the study sample do not have children in them. Most of these households have elderly (60+) household members. A majority of the HSCT households are headed by old people in the 60+ age category. Furthermore, HSCT beneficiary households in the two study districts have some members both adults and children who are disabled including a few with mental health challenges.

Yet the design of the HSCT model and its benefit structure do not reflect the composition of the beneficiary households. Zimbabwe can learn from the South African social assistance programme – the cash transfer system, in terms of the structure of the model. For a developing country, South Africa has a well-established and structured categorical social grants model. According to Gumede (2016:193) the social grants available in South Africa include:

- Old Age Grant
- War Veterans Grant
- Disability Grant

- Foster Child Grant
- Child Dependency Grant
- Child Support Grant

Most of the grant recipients fall under the child support grant category. This grant benefits children in need up to the age of eighteen. The requirement age for the old age grant is 60 years or older (ibid). According to Hanlon et al. (2010:39) South Africa's grants are unconditional and applicants need to meet the requirements of a means test. The HSCT could be reshaped in the model of South Africa's categorical grants – grants to OVC, social pension to the elderly, and grants to disabled people in beneficiary households. Hanlon *et al.* (2010:39) argue that categorical grants "...satisfy a broadly felt social responsibility to support the young, the old, and those too weak to support themselves". The authors further point out that categorical grants address equity concerns, are transparent and easier to administer. This could serve the HSCT better in terms of dealing with targeting and eligibility concerns raised by non-beneficiaries in FGDs in the two study districts. Gumede (2016:180) highlights an important challenge and possible unintended effect of South Africa's social assistance programme, which seems to apply to the HSCT too. The challenge relates to the financial sustainability of the grants with 2010/11 data showing that 15 million people received social grants, which represents over 3% of South Africa's GDP (ibid). The concerns on the financial sustainability of the HSCT are discussed in the section below. The unintended consequence relates to the potential negative effect that social grants may undermine labour force participation thus resulting in more people on social assistance than gainful employment (ibid).

### **6.2.8 Financial sustainability of the HSCT**

A review of the design and implementation documents of the HSCT, and in-depth interviews with UNICEF and MOPSLSW officials reveal that the government of Zimbabwe's contribution to the actual cash transfers paid to beneficiary households is minimal and erratic. Government of Zimbabwe's financial contribution to the HSCT is mainly focused on supporting the institutional setting of the HSCT. Programme officials who work on the HSCT



at national and sub-national levels are on government's pay roll. Thus, the financing of the HSCT is mainly through support from international development partners.

The above finding raises two key questions: (1) whether Zimbabwe can afford a social cash transfer intervention and (2) the sustainability of a donor-driven cash transfer intervention in the long term. The social protection literature is generally critical of donor-driven interventions. Barrientos (2009:265) makes the point that "low-income countries have large numbers in poverty and a very limited capacity for raising domestic revenue". Zimbabwe faces a similar challenge with rising poverty levels associated with declining economic indicators, as discussed in chapter one. The government of Zimbabwe has an unsatisfactory record of national budget allocations and actual disbursements to the HSCT in particular and social protection in general due to fiscal constraints and declining economic performance characterised by a rampant and unregulated informal sector which restricts government's tax base. The MOPSLSW argues that it always makes a strong case for domestic financing of the HSCT but expectations have not been met because of national budgetary constraints. In the National Budget Statement presented to Parliament of Zimbabwe by the Minister of Finance and Economic Development in December 2016, the government allocated US\$7 million for the HSCT for use in 2017 (Ministry of Finance and Economic Development 2017:92). As at June 2017 only US\$1.8 million of the total allocation to the HSCT had been disbursed by government (UNICEF 2017). On the basis of the trend of actual disbursements to the HSCT over the past few years, it is unlikely that the Government of Zimbabwe will achieve financial sustainability over the remaining years of the HSCT.

Garcia and Moore (2012:51) point out important limitations associated with donor-driven cash transfer schemes in low income countries: (1) They are usually aligned to donors' institutional mandates and sector priorities. In the case of Zimbabwe's HSCT, the present study found that the HSCT is aligned to the National Social Protection Policy and the National Action Plan for OVC. Instead it is a requirement by the government of Zimbabwe that support from

the international development partners aligns with its national policies and sector priorities. (2) Another fundamental characteristic of donor-funded social protection programmes is that they are often projects of limited duration or they provide benefits for a limited time before beneficiaries can exit or graduate from the programmes. This is consistent with donors' support to the HSCT. According to UNICEF, donors funding the HSCT have indicated that their current financial commitments to the HSCT will end in 2019 and it's unclear whether the HSCT will continue in its current form given the limited domestic financing from the government of Zimbabwe. However, the current support from donors includes strengthening government's system for social cash transfers for example, technical assistance to keep the HSCT's MIS functional. This appears to be an important investment upon which a future and 100% domestic-funded HSCT might be based.

Garcia and Moore (2012:51) state that donor-driven cash transfers are often located outside national government institutions and systems. This view is not supported in the case of the HSCT as it uses government institutions, systems and personnel. The in-depth interview with MOPSLSW officials indicated that government views the use of its systems, institutions and personnel in the implementation and monitoring of the HSCT as evidence of its political will and commitment to support and sustain the programme. This is consistent with the notion of affordability advanced by Samson (2009:47). The author asserts that "affordability is multi-dimensional". At one level it's seen as a matter of political will, and on the other, it is an economic issue where many countries face real fiscal constraints in financing social protection (ibid.). It seems therefore that Zimbabwe is at present only satisfying the non-fiscal dimension of affordability.

The fiscal constraints on the HSCT suggest that there may be no space to consider an upward review of transfer sizes in the HSCT in order to respond to negative changes in inflation and maintain the purchasing power of the transfers – a design intention of the programme. Most of the HSCT beneficiaries in the two study districts indicated that the current transfer sizes capped at US\$25 per month for a household with at least four members are

not adequate to meet their welfare needs. Furthermore, the limited levels of domestic financing of the HSCT indicate that the programme cannot be scaled up in terms of coverage in the medium term.

### **6.3 Role of the HSCT in strengthening or weakening social capital**

This section discusses the study's findings on effects of the HSCT on different dimensions and types of social capital in Goromonzi and Epworth districts. The discussion is structured around social capital and social network theories and concept which form the core of the present study's theoretical framework. The relevant findings as presented in the preceding chapter demonstrate a diversity of HSCT effects on structural and cognitive dimensions, and types of social capital. As will be demonstrated in this section, in most cases bonding and linking social capital were strengthened in the two study districts. There is limited evidence to suggest that bridging forms of social capital were strengthened. Some evidence points to negative effects of the HSCT on social capital.

#### **6.3.1 Effects on bonding social capital**

Bonding social capital refers to the social relations connecting people who are socially alike or who share similar demographic characteristics, for example family members, close friends or other social groups living in close proximity with a strong degree of emotional involvement (Putnam 2000; World Bank 2001; and Woolcock 1998). The present study examined proxies which give useful insights into the bonding social capital of beneficiary household members. The findings indicate that in most cases the HSCT strengthened intra-household social, gender and generational relations in beneficiary households.

##### **6.3.1.1 Social bonds within beneficiary households**

The study found that the HSCT appears to strengthen the social bonds within beneficiary households by improving wellbeing of household members. The additional income injected into the household makes it easier for heads of households to look after their families. Most of the beneficiary households in

the two study districts reported that the HSCT is something that they are happy and proud to be part of as families, and that it had led them to feel closer to each other as family members than was the case before the HSCT was introduced. Daidone *et al.* (2015:14) reported similar but not identical findings, suggesting strong and positive effects of Ghana's LEAP cash transfers on happiness for smaller households and female-headed households – an indication of improved social relations within these recipient households.

Findings suggest that the following features of the HSCT seem to provide the channels through which the HSCT improves bonding social capital in HSCT households in the two study districts: (1) Use of the HSCT cash within the household. The cash payments have positive effects on beneficiaries' ability to meet mainly food, nutrition, health care and educational needs. All household members benefitted from the HSCT payments received by the household. Pavanello, Watson, Onyango-Ouma and Nukuluki (2016:1153) report similar findings in Kenya where the cash transfers enabled households to meet education, food and clothing needs of household members with positive effects on bonding social capital. (2) Transparency and inclusivity through consultative decision making on how to use the cash within beneficiary households. Results show that in a majority of the HSCT households, the main decision-maker consulted other adult family members before deciding on the use of cash. The HSCT promoted the voices of other household members in decision-making. (3) Pre-cash distribution speech at the payment point is the main source of the HSCT information which shared by the cash recipient or head of household with other household members. Survey data indicate that heads of beneficiary households or registered cash recipients shared information about the HSCT with other household members. For example, heads of HSCT households reported sharing information pertaining to the purpose of the HSCT, advice on use of cash, payment collection procedures, help desk, and transfer size. The source of the information is primarily the pre-cash distribution speech delivered at the payment point. (4) Some of the cash recipients in the two districts reported that they travelled to and from the cash payment collection point in the

company of other household members. This interaction was reported as strengthening social relations between household members by increasing exposure of other household members to the HSCT, thus contributing positively to bonding social capital within the household. In this regard, the direct cash delivery payment method used in the HSCT is an important channel for strengthening bonding social capital.

The study by Kardan, MacAuslan and Marimo (2010:50) suggests that the main driver that improves intra-household relations in cash transfer recipient households enough food. Findings from the present study indicate that beyond enough food there are other material and non-material benefits from cash transfers that strengthen social bonds between members in beneficiary households. As highlighted above, consultations among household members about how best to use cash has transparency and inclusivity benefits for members of the household.

Furthermore the sharing of programme information within the HSCT households suggests that the HSCT contributes to the strengthening of bonding social capital within the HSCT households as other household members improve their knowledge of the HSCT over time. As earlier reported in the section discussing the findings on design and implementation features of the HSCT, a majority of survey respondents who said they did not have a registered representative who can collect cash on their behalf if they were not able to do so but would be willing to designate someone, stated they would nominate another household member. Qualitative data indicate that some of these beneficiaries would take into account two factors in deciding who to designate as a proxy representative within the family: (1) familiarity with, and knowledge of the HSCT programme, and (2) trust. The first point suggests the utility and benefit of sharing HSCT information with other household members. Beyond strengthening social bonds within the household, an important implied objective behind the sharing of information of HSCT information within beneficiary households is to educate other household members about the HSCT with the intention of using this as a basis to decide

on who becomes the household's proxy representative in the future if the need arises.

A valuable contribution from the present study is the attention given to the sharing of cash transfer benefits and information within beneficiary households. Previous studies either did not pay particular attention to this variable or completely missed investigating it. For example, Adato (2000) examined the sharing of benefits and information between beneficiaries and non-beneficiaries. AIR (2014a) reported beneficiaries and non-beneficiaries in Zimbabwe sharing agricultural assets. In this regard, the present study complements findings from similar studies in the CT literature.

Findings on the effects of the HSCT on gender relations in the two districts were both positive and negative suggesting strengthening and weakening of bonding social capital respectively. Concurring with findings from previous studies, for example, Hidrobo *et al.* (2012) findings from the present studies indicate that cash appeared to decrease men's controlling behaviours over women. Some men from HSCT households where the wives were the registered recipients under the HSCT said they delegated control and decision-making authority over expenditure and saving decisions to their wives. They had confidence their wives would manage the HSCT well. This was reported as fostering social bonds between the spouses in these beneficiary households. In addition, this finding confirms that the HSCT might have contributed to the positive transformation of gender relations in some of the HSCT households. Yet a similar study by FAO (2015) found that Kenya's CT-OVC "had not transformed gender relations in household decision-making..." because of deep and structural patriarchal norms in societies that were studied. Other beneficiaries reported improved social relations between male and female members in HSCT households. In other HSCT households findings indicate that cash seemed to have contributed to the weakening of bonding social capital between male and female household members. The HSCT is said to have led to quarrels between spouses over the use of cash, and also allocation decisions in polygamous marriages.

A majority of HSCT beneficiary households in the study sample are headed by elderly people, a finding which is consistent with national profile of all HSCT households enrolled in the programme. Most of the HSCT beneficiary households surveyed have children in the 0-17 age group. The households also include young adults. These demographic profiles indicate that the HSCT households have a missing middle generation. In this regard, the study explored the social relations between the old and young generation members of the HSCT households. With respect to the effects of the HSCT on social bonds between older and younger household members including children in HSCT households, findings indicate positive effects. The social relations between the two generations were described as mutually beneficial. It appears that the vulnerability factors that made a considerable number of HSCT households in the two study districts eligible to receive the HSCT (old age, and household taking care of orphans, thus meeting the labour constraint dimension of the HSCT's eligibility criteria) and the use of the HSCT which brings material and non-material benefits to the households, are important factors which drive positive social bonding effects between the older and young members of these HSCT households. Their "fates" were mutually tied as old age and orphanhood combined to make such households eligible to receive the HSCT. Old beneficiaries said the younger members of their families needed them for cash collections as they were the registered recipients of the HSCT in a majority of the cases, while the old generation members relied on children and other younger household members to help them with household chores.

#### **6.3.1.2 Social bonds between HSCT beneficiaries**

Research findings indicate that the HSCT created opportunities for beneficiaries to develop or to strengthen social ties between themselves – although the ties are appear exclusive in nature. Results suggest that bonding forms of social capital between beneficiaries have been developed and/or strengthened. In both cases of Epworth and Goromonzi qualitative and quantitative evidence indicates that social bonds have been formed and strengthened in the following ways: (1) beneficiaries travelling together to and

from payment points, (2) interactions at HSCT payment points during pay day, and (3) social networking through subsequent meetings in-between payment cycles. The HSCT payment method is seen here as the driving force behind the strengthening of bonding social capital between HSCT beneficiaries. These findings are consistent with results from similar studies in the CT literature as demonstrated below.

The work of Pavanello *et al.* (2016:1152) in which the authors examined evidence of the effects of national CT programmes from five countries, reported similar positive findings on effects of CTs on bonding social capital between cash recipients. The authors report that in West Bank and Gaza, female heads of beneficiary households interacted with other female beneficiaries “mostly when travelling to collect the transfer or at cash disbursement points – using these occasions to discuss personal problems and life experiences, or exchange information on the transfer and other available assistance.” Similar findings were reported in Uganda (*ibid.*). Attanasio *et al.* (2011:147) point out that Familias en Accion, a conditional cash transfer in Colombia has a social component which provides an opportunity for beneficiary mothers to participate together in a variety of activities. In the process they get to know each other better and strengthen their social bonds. Adato (2000:30) found that activities linked to the PROGRESA CT in Mexico, for example monthly meetings, health and community activities, and collection of cash transfers at payment points created social interaction opportunities for women beneficiaries to gather together and exchange information and ideas. These activities were reported to be strengthening the bonding social capital between women beneficiaries under the PROGRESA CT.

Findings from the present study indicate that the HSCT payment method which requires beneficiaries to travel to a designated cash collection point in their communities has contributed to the narrowing of age, gender, geographic and other social barriers which would otherwise prevent regular interactions between HSCT beneficiaries. As one beneficiary said: “The HSCT payment points are demographic hubs of information exchange, generation of



ideas and some kind of cash transfer beneficiary activism.” The point here is that the young and old engage and speak with each other more easily, sharing concerns, lessons and happenings back in the village.

In discussing the effects of the HSCT on bonding social capital between HSCT beneficiaries further, I now turn to the implications of results for social network theory. The discussion is structured around the social selection network theory integrating the concept of homophily (Lazarsfeld and Merton, 1954a; McPherson et al. 2001; Mercken et al. 2009; Robins et al. 2001) cited in Prell (2012:28). The theory together with the concept of homophily holds that individuals prefer to have social relations with other actors similar to them (Prell 2012:129). The social selection network theory and the concept of homophily embed a folk proposition: “birds of a feather flock together” (Kadushin 2012:18). The findings from the present study indicate that HSCT beneficiaries make up one big family in communities where it is implemented. It can be argued that the HSCT beneficiaries are people who share many similar attributes: they are both extremely poor and labour-constrained; they are in the same structural position; have similar socio-economic and demographic characteristics, and generally face similar idiosyncratic and covariate risks. Thus, they have come to be associated together on account of these similar circumstances. Coleman *et al.* Feld, 1981, 1982 cited in Prell (2012:129) posit that social settings determine that ties will form among similar actors. The findings from the present study lend support to this theory in that the HSCT payment point creates a social setting which draws in beneficiaries who share many similar attributes. Thus, this one big group of HSCT beneficiaries produces homophily. Unsurprisingly, social bonds between beneficiaries have developed and strengthened in the two study districts. The result is that social networks in the form of family clubs, internal savings and lending clubs and friendships have developed between beneficiaries. Family clubs were frequently mentioned in Goromonzi district while internal savings clubs were common in both districts.

A common issue of concern in the social network literature is that it is difficult to measure and account for the causal direction of homophily. The key

question is: “Is it that people come together and become more similar over time or, Is it that they are attracted to similar others and form a social tie accordingly?” As the present study is not an experimental design, there is no conclusive evidence to resolve the question. However, it can be argued that the HSCT brought together households that were typically unrelated and unacquainted with each other within the context of a cash transfer programme. The beneficiaries might have learnt about their similarities over time and subsequently developed interpersonal trust and formed social ties. This is a question that could form the basis of further research.

Homophily is not necessarily a good thing. Kadushin (2012:20) makes the point that social networks based on homophily may be unfair as they can bring about segregation or social exclusion. The findings from the present study on family clubs and savings clubs support this theoretical notion. The study found that membership in family clubs in Goromonzi was “female-only,” with group members made up of HSCT-beneficiaries only. The same was said of group membership in Internal Savings and Lending Clubs. Thus, the social networks created can be characterised as closed networks as they were composed of HSCT beneficiaries to the exclusion of non-beneficiaries.

A further issue of concern with social networks of people with similar social, cultural and economic characteristics such as family clubs and internal savings clubs is that they seem to only serve to strengthen bonding social capital at the expense of building bridges. Members may also have similar information so that less is gained from exchanging information.

#### **6.3.1.3 Social bonds between CPC HSCT focal persons**

The study found that CPC HSCT focal persons in each ward where the HSCT is being implemented in the two districts constitute important social networks that are linked to the HSCT. The social networks of HSCT focal persons are direct creations of the HSCT as they did not exist in their current form prior to the introduction of the HSCT in selected districts and wards. These networks are sources of bonding social capital for the HSCT focal persons.

In this section I use parts of the social selection network and social capital theories, and concepts that are fundamental to social networks and social capital to examine the characteristics HSCT focal persons' social networks that derive from HSCT-based similarity factors. For example, I analyse the purpose of the networks, actor attributes; type of relations within the networks; whether the networks are restricted to a finite set of members; type of networks – egocentric or socio-centric networks; and whether the networks exhibit tie multiplexity.

The HSCT focal persons constitute a social network between persons who are socially alike. Focus group discussions showed that members of this network see themselves as similar in many respects. There are many defining features of the bonding social capital between them. The social network of HSCT focal persons in a ward has a social structure with a leader whom the programme designated as the HSCT lead focal person. His or her authority is respected by group members.

While not the poorest and most vulnerable in their communities, the HSCT focal persons are poor men and women living in close proximity to programme beneficiaries and have a significant degree of emotional involvement with the HSCT programme. They know the life stories of programme beneficiaries, and see how the programme is improving the well-being of beneficiary households. Members are all unemployed and participate in the HSCT programme on a voluntary basis.

The HSCT focal persons have received similar training, facilitated and supported by the HSCT programme. The training sessions covered issues such as understanding the HSCT programme's design and implementation features; leadership skills; child protection; parenting skills; and community mobilisation.

The members have fundamentally the same information about the HSCT programme since the information is drawn from the same official sources. Much of this similar information for example, purpose of the HSCT; pay dates; payment locations; referrals; identities and number of beneficiaries in their

communities; socio-economic and demographic characteristics of HSCT households; and ideas about the HSCT; circulate within their network. From the FGDs it was apparent that many of the HSCT focal persons have ties between them suggesting that there are no “empty spaces in the social structure” described by Burt (as cited in Prell 2012:122) as “structural holes”. According to Prell (2012) Burt asserts that networks which have structural holes hold a greater diversity of information than those without. The present study found that there is not a great diversity of information circulating within the social network of HSCT focal persons as much of the information and ideas circulating within the network are fundamentally about the HSCT. Much of the information becomes redundant in networks that do not have structural holes (ibid.).

The types of relations between the HSCT focal persons within their network are communication and instrumental relations. They are communication relations in the sense that linkages between them are vital channels through which HSCT messages are transmitted. The relations are instrumental because members contact one another in an effort to secure valuable programme information, services, and advice on how to address difficult challenges they encounter as they carry out their HSCT-related tasks.

The HSCT focal persons received similar material support to facilitate them to carry out their tasks on the programme. Common materials and tools that they received from the HSCT are bicycles, stationery, mobile phone handsets and airtime credit, t-shirts, hats and jackets for ease of their identification in the communities, stationery and bags.

Each social network is characterised by strong in-group loyalty, and members share similar group values and norms whose source is the HSCT programme. The HSCT lays down operational procedures and rules of how the HSCT focal persons should conduct themselves. The FGDs with the focal persons in the two districts, and field observations reveal that the focal persons have strong interpersonal ties. They spent more time together at payment points, and during home visits to HSCT beneficiaries. In this way they have got to know each other better. Through their frequent interaction induced by the

HSCT, the focal persons have probably developed strong and long-lasting friendships. The strength of their ties is an antithesis to Granovetter's theoretical notion of "strength of weak ties" (Kadushin 2012:31). I refer to this antithesis as the "weakness of strong ties". According to Granovetter as cited in Kadushin (2012:31) new ideas spread slowly in networks characterised by strong ties as information among such strongly connected members tends to become redundant. There are no distant parts or structural holes in these social networks as all HSCT focal persons know each other well and interact frequently within the networks.

The focal persons share similar grievances and complaints for example, on conditions of their work: inadequacy of incentives, broken down bicycles, and need for more uniform allocations so that they are better presented and identified.

Focus group discussions with HSCT focal persons revealed that members generally share more than one kind of relational tie between them. In this regard, they exhibit what Prell (2012:140) and Kadushin (2012:36) call "tie multiplexity". In Goromonzi ward 15, four of the HSCT focal persons said they related to one another in four contexts which were: going to the same church in the same village (Roman Catholic); they were personal friends; they all attend the same Family Club in their areas; and share the same totem. Thus, their bonding social capital as HSCT focal persons represents many other interests between them.

The individual-level and group-level conception of social capital advanced by Putnam (1993 & 1995), Bourdieu (1985), and Coleman (1988), and Bourdieu and Wacquant (as cited in Kadushin 2012:175) provide useful analytical lenses for examining the social capital resources that accrue to HSCT focal persons. The authors argue that social capital resources can be accumulated at the individual level or group levels. The accumulated social capital can generate both positive and negative effects. Consistent with their theoretical notions, the present study finds that social capital resources accrued to the HSCT focal persons members at the two levels: (1) as individual members; and (2) as groups. The individual level conception of social capital is linked to

their improved personal and social status within their communities. The role played by the focal persons on the HSCT is critical and qualitative evidence from FGDs with the focal persons shows that their role gives them some form of symbolic leadership and power. This seems to enhance their self-esteem and social standing in the community, and has in many ways changed their relationships with other community members for better, and for worst in some cases. In addition the skills and knowledge they acquired from training and exposure to the HSCT programme as individuals contribute to the strengthening of their individual social capital.

The group level conception of social capital is viewed as the HSCT focal person's collective ability to serve their communities through their voluntary role in the implementation of the HSCT programme, something which Putnam (1995) refers to as a "civic virtue" or "civic community participation". The privileged information about the HSCT that the focal persons regularly get from programme officials, for example, payment dates, and transfer sizes for beneficiaries is also an important element of group-level social capital.

Bourdieu's conceptualisation of social capital is useful in analysing potential adverse effects of the social networks of HSCT focal persons. The present study's findings suggest that the social capital resources of HSCT focal persons are "exclusionary and unfair..." and potentially an instrument social inequality in HSCT communities even though the CPC focal persons do not see it in this way. The social network of HSCT focal persons is a closed and exclusive network centralised around the HSCT programme. The network and its internal resources are beyond the reach of other community members including programme beneficiaries. Membership of the network is decided by external stakeholders, that is, the MOPSLSW programme officials at district level. Membership of the network is restricted to a finite set of actors usually decided on the basis of the number of HSCT beneficiaries in a given area.

The HSCT may be inadvertently promoting a kind of class formation and creation of "poor elites" in programme communities. FGDs with non-beneficiaries in Goromonzi district appeared to reinforce this view. One non-beneficiary said:

The HSCT has created a powerful and influential class of relatively poor people who have a say in which people are selected to receive the HSCT. They are no longer easily accessible to us non-beneficiaries because they think we may pressure them to let us join the HSCT. All we want from them is information about the programme, and whether there is scope for us to join the programme in the future.

### **6.3.2 Effects on linking social capital**

The study identified a range of positive and negative effects of the HSCT on linking social capital in recipient communities. Findings point to strong linking capital between beneficiaries, and MOPSLSW officials, payment delivery agent officials, NGOs, other Government departments, and community business operators; positive effects of the HSCT on linking social capital between HSCT focal persons and community leaders; adverse effects on the social relations between HSCT focal persons and programme officials; and weak linking social capital between beneficiaries and community leaders. This diversity of effects of the HSCT on linking social capital is not surprising given differences in perceptions, and objective and subjective experiences of participants and non-participants in the HSCT.

The findings highlight the importance of specific design and operational features of the HSCT for creating opportunities of formal and informal interactions between cash recipients and MOPSLSW officials, payment delivery agent officials, NGOs and other Government departments. The principal drivers of this strong linking social capital are: the payment method, beneficiaries' happiness with the way they were treated at by MOPSLSW and payment delivery agent staff; punctuality, commitment and professional conduct by programme officials; help desk; pre-cash distribution speech; provision of complementary services at the payment point; and improved creditworthiness of beneficiaries induced by the HSCT.

Woolcock (as cited in Raiser 2008:495) avers that "linking social capital supports the hierarchical relationships between citizens and people in authority, most usually in government". The implementation features of the

HSCT highlighted above established vertical ties connecting beneficiaries to programme officials. These ties were non-existent prior to the introduction of the HSCT in recipient communities. The physical cash delivery, help desk grievance point and provision of complementary services at the payment collection point mean that programme officials are more visible to poor people than before. These operational features of the HSCT created opportunities for regular and formal interactions between beneficiaries and those in positions of authority.

According to Sabatini (2009:430) and Woolcock (2002:27) linking social capital is a gateway to access resources from formal institutions. The research findings are consistent with Sabatini and Woolcock's notion of the utility of linking social capital. The HSCT beneficiaries have been able to leverage tangible and intangible resources, ideas and information from government officials and other HSCT stakeholders namely UNICEF and NGOs. As shown in the findings chapter, these benefits are shared with other household members and to a small extent with non-programme participants.

Research evidence in the CT literature shows that linking cash transfers to complementary interventions can strengthen the intended effects of CT programmes (Palermo 2016). The provision of complementary services at the HSCT payment point seems to be strengthening linking social capital between beneficiaries and programme officials, NGOs and other Government departments, for example civil registry. According to the generalised trust theory, trust in public institutions is built and strengthened through the regular interactions between public institutions' officials and communities. According to Marschall and Stolle (as cited in Uslaner 2008:115) diversity leads to more generalised trust. The diversity of programme officials at the HSCT payment points suggest that beneficiaries come into contact with people unlike themselves and this creates more opportunities for building and strengthening generalised trust – an important ingredient for strengthening linking social capital between beneficiaries and programme officials.

The present study found that the HSCT enhanced some beneficiaries' participation in community events. This in turn created opportunities for



beneficiaries' access to linking social capital resources. For example, at Independence Day Commemorations, beneficiaries have opportunities to meet national and local government leaders – people with whom they have less frequent contact. One beneficiary in Epworth ward 1 explained how a local government leader whom he met at Independence Day commemorations helped him with information about how he could join a contribution-based housing cooperative and apply for a piece of land for residential purposes in Epworth. The beneficiary followed up on the information, joined the cooperative, made contributions for three years and got a piece of land which he is yet to develop.

The results from the present study suggest that in some cases the HSCT enhanced beneficiaries' creditworthiness enabling them to purchase goods from local community shops on credit. Some beneficiaries have been able to borrow money or goods from community shop operators in times of emergencies. These findings indicate the development of linking social capital or vertical relationships between beneficiaries (borrowers) and community business operators (lenders). Similar results have been reported in microfinance lending schemes where the relationships between borrowers and lenders are underpinned by strong linking social capital (Foschi 2008:475).

The findings show that the HSCT strengthened the linking social capital between the HSCT focal persons and community leaders (village heads and ward councillors) in the two study districts. This appears to be primarily driven by non-material aspects of the HSCT. In particular, the regular sharing of HSCT programme information and updates by HSCT focal persons with community leaders. Community leaders said they appreciated this sharing of information by HSCT focal persons as it kept them informed about progress of the programme. In this regard, it appears that this sharing of information reinforced rather than undermine the authority of community leaders. Their leadership roles means that they should be in regular contact with their community subjects on development, social, and cultural issues. Consistent with the theoretical notion advanced by Sabatini (2009:430) and Woolcock

(2002:27) that linking social capital facilitates access to resources, the study found that the HSCT focal persons earned recognition and rewards facilitated by community leaders. For example they reported receiving 50 kilogram bags of grain each on a monthly basis from the government's drought relief scheme. They do not meet the eligibility criteria but were recommended to receive the grain on account of their role in the HSCT, and keeping community leaders informed of progress in the implementation of the HSCT.

The study's findings highlighted two important cases of the HSCT weakening linking social capital. The evidence indicate that the introduction of the HSCT in both districts led to the formation and initial strengthening of linking social capital between HSCT focal persons and MOPSLSW officers, marking a hierarchical relationship between representatives of HSCT beneficiaries and those in positions of authority mainly at district levels. It is a formal relationship that did not exist prior to the introduction of the HSCT. The manual of operations for the HSCT recognises and gives effect to the role of the focal persons on the HSCT. Findings suggest that the HSCT has been a powerful force in the social transformation of focal persons from being ordinary community members to people with a recognised status and visibility in their communities. However, the non-fulfilment of material aspects of the work of HSCT focal persons by the MOPSLSW is driving the negative social relations between the two groups. HSCT focal persons suggested that the unresolved queries pertaining to broken down bicycles, worn-out uniforms, lack of airtime credit to facilitate communication with both programme officials and beneficiaries, and their request for a small allowance, are issues that are increasing the social distance between them and MOPSLSW officials. This could lead to reduced trust in public officials, and in turn may exacerbate the weakening of the linking social capital between the two groups.

Evidence collected in Goromonzi and Epworth indicates that the HSCT seems to have negatively affected linking social capital between some of the HSCT beneficiaries and community leaders. There appears to be limited to no contact between beneficiaries, and village heads and ward councillors in some cases, something community leaders suggested did not happen prior to

the introduction of the HSCT in their communities. They said they lost contact with some beneficiaries who previously would reach out to them looking for relief assistance but once they enrolled on the HSCT, they never heard from them again. The community leaders said they are sources of support for the poor in their communities and are interested in getting regular updates on the well-being of their subjects. These findings suggest that the HSCT could have affected the power dynamic within the community on a small scale. It seems community leaders feel they have lost influence on some beneficiaries as they have other support now. The concerned beneficiaries do not need to ask for community leaders' help anymore.

### **6.3.3 Effects on bridging social capital**

Putnam cited in Warren (2008:133) makes the point that membership in civic groups, religious organisations, networks or voluntary associations are manifestations of bridging social capital. In his view, bridging social capital is "outward looking and encompasses people across diverse social cleavages". Across the two study districts, the findings indicate a low degree of HSCT beneficiaries' social connectedness with community-based groups both formally and informally-organised groups and membership associations, beyond church groups. Most social interaction of HSCT beneficiaries takes place outside associations and groups but within the social forums established by the HSCT.

Religious groups are the dominant membership organisations that HSCT beneficiaries participate in. The analysis of internal diversity of membership in organisations done in several countries suggests that internally diverse associations yield higher levels of benefits than others, although organisations with homogeneous memberships are thought to make it easier for members to trust each other, share information, reach decisions and bring about collective action (Grootaert, Narayan, Jones & Woolcock 2004:11; Grootaert & van Bastelaer 2002:48). For church groups, the present study found that memberships were very diverse with people coming from different villages, wards, genders, age groups, ethnic and tribal groups, social status, occupations and ethnic background. One beneficiary in Goromonzi ward 4

said some members in his church came all the way from Harare, which is about 30km from his village to worship with them. Findings suggest that this internal diversity in religious organisations is high in churches has useful benefits for HSCT beneficiaries in terms of widening their networks, better access to other resources, and HSCT beneficiaries reported that congregants almost always have different information so that more is gained from exchanging information.

In few cases in the two districts, the HSCT facilitated entry of beneficiaries into networks of the non-poor. A number of HSCT beneficiaries in Epworth reported that they were members of reputable funeral insurance schemes, such as Nyaradzo Funeral Services. Members access assistance with funeral expenses upon the death of a registered family member. The HSCT beneficiaries reported that they were able to sustain their monthly subscriptions to Nyaradzo using part of their HSCT, and income from productive investments they made through HSCT support for example, chicken projects and tuckshops. In another case of the HSCT facilitating bridging social capital for beneficiaries, a beneficiary from ward 15 in Goromonzi joined a network of the non-poor – a sewing club in Harare, whose membership consists of people from diverse backgrounds and places of origin. These findings contradict the theoretical perspective on social capital advanced by Bourdieu (1985) which posits that social capital is an attribute of the non-poor, and that the non-poor use their networks to reproduce social inequality. Bourdieu (1985) avers that social networks of the non-poor are closed and exclusive. Yet, the findings indicate that the poor were able to join these networks of non-poor. These findings support the view that social cash transfers can serve a transformative purpose by addressing concerns of social justice and exclusion (Sabates-Wheeler and Devereux 2008:70). In this regard, the evidence suggests that the HSCT is contributing to greater social inclusion of the poor in to networks of non-poor.

According to Putnam (as cited in Grootaert and van Bastelaer 2002:60), participation in membership organisations and networks, that is, bridging social capital, is an important resource for individual or household support in

times of need, and can lead directly or indirectly to higher levels of well-being. The present study's findings confirm this point with strong quantitative and qualitative evidence. Beneficiaries highlighted the following benefits: spiritual support, improving household's well-being, and enhancing access to material support during difficult times for example, droughts, illness or death of a household member.

Family clubs and internal savings and lending schemes were frequently mentioned in the study communities particularly in Goromonzi. However, analysis of the membership of the two membership groups contradicts the theoretical notion advanced by Putnam (2000:23) that broadly membership in some form of community group or organisation is a manifestation of bridging forms of social capital. Not all membership groups or associations in communities are indicators of bridging social capital. The study found no internal diversity of membership in family clubs and internal savings and lending schemes. There is no evidence supporting the formation or strengthening of bridging social capital amongst HSCT beneficiaries in these two clubs. Membership is wholly made up of HSCT beneficiaries who share similar socio-economic and demographic identities making them a homogeneous group. Theirs is bonding social capital characterised by strong ties among them. The HSCT beneficiaries who participate in the family clubs and internal savings schemes have limited to no access to new resources beyond these networks. This is consistent with the theoretical notion advanced by Grootaert, Narayan, Jones & Woolcock (2004:11); and Grootaert & van Bastelaer (2002:48).

#### **6.3.4 Effects on trust**

Trust is an important component of the cognitive dimension of social capital. Similar to other studies in the relevant literature for example, Hidrobo *et al.* (2012); Hossain *et al.* (2012); and Alesina and Ferrara (2002); the present study investigated effects of the HSCT on trust of individuals and trust in public institutions. Further distinctions were made between effects on particularised trust and generalised trust. The breadth of the present study's examination of the effects of a social cash transfer scheme on trust

dimensions is instructive not least because the present study examined the effects of the HSCT on a range of social relations in the recipient communities. As will be shown in this section, the findings on trust offer useful insights, echo and complement findings from other studies. In some cases the results are consistent with findings from similar studies, yet in others they contradict results from previous studies. Furthermore, the results are consistent with theoretical notions underpinning generalised and particularised trust.

Findings indicate that most HSCT beneficiaries exhibit high levels of trust in other HSCT beneficiaries, programme officials and HSCT focal persons, while their levels of trust in non-beneficiaries, police and strangers are low. These findings are similar with results from other studies, yet in other cases they contradict results from other studies. A study of the effects of Peru's conditional cash transfer on social engagement and trust in institutions found that the programme had a positive and significant effect among beneficiary households on trust in institutions with which beneficiaries were required to engage due to programme conditions. It should be pointed out that while this finding relates to a conditional cash transfer, the present study found similar effects yet the HSCT is an unconditional cash transfer. This suggests that conditions may not be a key factor in a cash transfer programme's effects on trust.

In their impact evaluation on cash, food vouchers, and food transfers among Colombian refugees and poor Ecuadorians in Carchi and Sucumbios, Hidrobo *et al.* (2012:50-53) point out that the cash transfer arm led to a significant decrease in trust of individuals, especially trust in neighbours (non-beneficiaries). Yet results from the same study show that the cash transfer arm significantly increased trust and confidence in institutions, for example the police. Concurring with Hidrobo *et al.* (2012) evidence from the present study suggests that the HSCT has negative effects on beneficiaries' trust in non-beneficiaries. Yet, results from the present study indicate that HSCT beneficiaries have low levels of trust in police. Reasons cited by HSCT beneficiaries for the low levels of trust in police were: (1) the long social

distance between police and beneficiaries, negative externalities such as asking bribes and corruption, and taking longer to respond to crime reports. Some HSCT beneficiaries reported that they had been victims of theft, muggings and burglaries. In Goromonzi, some of the beneficiaries reported losing goats and chickens to thieves, and that they had reported these cases to the police but no arrests were made, and the affected beneficiaries had not recovered their stolen livestock.

The HSCT beneficiaries' trust in people in formal education and health institutions like teachers, nurses and doctors was reported as improving on account of regular contacts with these institutions during the course of visits by HSCT beneficiaries to access services. In their work on social impacts of cash transfer programmes in Indonesia, Hossain *et al.* (2012:53) reported that the BLT cash transfer programme reduced non-beneficiaries trust in local institutions and officials resulting in less cooperation in 20 of the 33 communities where this impact was reported. In the present study, community leaders in Goromonzi pointed out that the HSCT had not affected community collective action. HSCT beneficiaries and non-beneficiaries still participated in community work, for example, road rehabilitation and clearing grass at the local cemeteries, although participation was largely by requirement.

It seems the HSCT has negative effects on trust between HSCT focal persons and non-beneficiaries. Qualitative evidence suggest that this could be a result of programme information asymmetries, and non-beneficiaries' perceptions of the role of the HSCT focal persons on the programme. Further, research evidence points to declining trust in MOPSLSW programme officials by HSCT focal persons.

The implications of the above-mentioned results for theory are diverse. The findings on trust in individuals and trust in institutions highlighted above are consistent with the theoretical notions of Platteau (as cited in Fafchamps (2006:1183) who theorised that trust arises from varied sources but more importantly from repeated interpersonal transactions, and Uslaner (2008:101) who asserts that "trust depends on information and experience". Most of the HSCT beneficiaries who said they walked to the payment point said they

travelled with other HSCT beneficiaries to and from the payment point. Furthermore, the HSCT payment point served an important social function of promoting social interaction, as beneficiaries spent time together. While waiting to collect their cash transfers, they gain information on, and experience with each other leading to the development and strengthening of particularised or interpersonal trust.

Research evidence shows that there is a utility value in the high levels of interpersonal trust between HSCT beneficiaries. For example, FGDs with HSCT focal persons show that they make use of the interpersonal trust created between HSCT beneficiaries by using other beneficiaries as information channels for conveying HSCT payment information – payment point locations, dates and times, through snowballing. This practice is highly prevalent in both districts.

Drawing on the theoretical distinctions between generalised and particularised trusters advanced by Warren (2008:136), and Uslaner (2008:104) the low levels of trust in strangers by most of the HSCT beneficiaries in the two study districts suggest that the beneficiaries may be “personalised trusters”. Personalised trusters are suspicious of strangers because they lack information about them, and limit trust to those who are like themselves and whom they know and interact with frequently. Warren (2012:136) points out that particularised trusters like HSCT beneficiaries as findings suggest, are good builders of bonding social capital. As the results from the present study confirm, bonding social capital between HSCT beneficiaries is strong. On the other hand, generalised trusters are good builders of bridging social capital. Research evidence indicate that the HSCT has not contributed much to the development and strengthening of bridging forms of social capital beyond membership of beneficiaries in local community groups, and church organisations. As the findings indicate, levels of generalised trust stayed about the same following the introduction of the HSCT in the two districts.

The finding on higher levels of trust between HSCT beneficiaries offers useful insights into the links between structural and cognitive dimensions of social capital. According to Rose (2000:151), Inglehart’s view is that networks are a



consequence of people trusting each other rather than trust emerging as a by-product of association. HSCT beneficiaries participating in family clubs and ISLs in the two districts said their repeated interactions led them to trust each other over time and this influenced to discuss the idea of forming ISLs some of which are offshoots of family clubs.

According to Uphoff (2000:219) social networks are sustained by trust, and when trust declines, the networks collapse. The findings from survey data and FGDs with HSCT focal persons in Epworth suggest that ISLs collapsed because of trust issues. It was pointed out that one of the HSCT beneficiaries misappropriated monthly contributions from the beneficiary contributors, and the latter lost confidence and trust, and decided to withdraw from the ISL.

#### **6.3.5 Effects on norms of reciprocity**

The study found that the HSCT is enabling cash recipients to participate in reciprocal relationships. The findings suggest that the HSCT enables beneficiaries to participate in informal reciprocity-based support systems in the communities. The effects may be at two levels: specific and generalised reciprocity. These levels derive from the work of Putnam (2000) as cited in Warren (2008:139). In the case of specific reciprocity, HSCT beneficiaries enter into reciprocal obligations with specific other people for example a beneficiary from Goromonzi ward 15 reported exchanging complementary basic goods with a close friend and neighbour, who is a beneficiary under a separate food aid programme in the same community. A beneficiary in Epworth ward 1 said she exchanged two small chickens in return for a bucket of maize with her neighbour, something she could not have done if she was not an HSCT beneficiary.

In the case of generalised reciprocity, a person's contribution or favour to someone in a time of need will be repaid eventually by other people. Thus, the obligations to repay are not the liability of a specific person. The research evidence suggests that the norm of generalised reciprocity was at play in the research communities. The main form of generalised reciprocity highlighted by beneficiaries was supporting other community members during funerals

and memorial services through funeral contributions, and in-kind contributions for example mobilising food from the community and provision of labour for chores such as fetching water and firewood for use at community ceremonies. The HSCT beneficiaries thought it was important to help others in times of need not least because they may need reciprocal help in the future. Consequently, their attitude toward reciprocity is positive, with the HSCT reinforcing the norm.

### **6.3.6 Psychosocial effects**

The study's findings reveal that in addition to the material benefits of the HSCT as reported by beneficiaries, there are indications of positive and negative psycho-social effects on beneficiaries and household members. The individual-level conception of social capital advanced by Bourdieu (1985), and Coleman (1988), and Bourdieu and Wacquant (as cited in Kadushin 2012:175) provide useful analytical lenses for discussing the psychosocial effects of the HSCT on beneficiaries in the two study districts. The HSCT appears to improve individual beneficiaries' and their fellow household members' feelings of happiness, dignity, self-esteem, and a sense of being needed by other people, and that the HSCT had reduced feelings of inferiority in them. FAO (2015:44-45) reported similar positive psychological effects linked to cash transfers in Ghana, Ethiopia and Malawi. In agreement with findings from a study done by MacAuslan and Riemenschneider (2011), the present study indicates that the material benefits arising from the positive use of the HSCT appear to be the principal drivers of the positive psychosocial effects on beneficiaries. In some cases, beneficiaries in the two districts reported constructing decent shelter, refurbishing their houses to make them more habitable, buying clothes which improved their outlook, and purchasing livestock. In addition, increasing the number and quality of meals meant that some beneficiaries stopped begging from their neighbours and community leaders. Non-beneficiaries and community leaders in the two districts confirmed that the HSCT had contributed to a decline in cases of begging among the extremely poor in the community.

In comparison to the widespread positive psychosocial effects discussed above, the findings indicate less pronounced negative psychosocial effects of the HSCT on beneficiaries. The adverse effects seemed to have been limited to feelings of stigma induced by the social division created by targeting and selection of beneficiaries whereby two categories emerged: “HSCT beneficiaries” and “non-beneficiaries” in the study communities. This issue was discussed in detail under the targeting sub-theme in this chapter.

### **6.3.7 Effects on socio-cultural and gender norms**

With 60 percent of all HSCT beneficiary households surveyed headed by women, in most cases making them the registered HSCT recipients who travel to the payment point every two months, this suggests that the HSCT has the positive effect of bringing women out of their homes, and creates opportunities for socialisation and networking with members of the wider community. Before, women generally did not leave their houses – today, they can. Deeply- entrenched patriarchal socio-cultural and gender norms in most rural communities in Sub Saharan Africa mean that women are mostly confined to the home where they are mainly responsible for reproductive work, for example, socially and culturally assigned tasks such as looking after children, cooking, washing, fetching water, collecting fuel wood, and care and maintenance of the household. A number of these activities that women do are time consuming and tiresome activities especially fetching water and collecting firewood. Not only are women the first to get up and prepare the household for the day, but also the last to go to sleep. Primary income-earning productive work for example, producing goods or services for income or subsistence, access to markets, is predominantly done by men with women often doing secondary income-earning productive work, for example, as casual labourers in agricultural work. Men often do small to medium-scale agriculture and other productive activities and go to the markets and business centres while women do subsistence agriculture and stay at home most of the time. For women, the house is their sphere of dominance.

The position of women’s social and economic standing relative to men is one of subordination. The findings from this study seem to indicate a shift in social

and gender norms in the two recipient communities. The HSCT has created opportunities for women to come out of homes and establish social ties with the people from other villages and locations thereby increasing their visibility, and social interactions with others such as at payment points, public institutions, and markets. For example, some of the women heads of household reported meeting teachers, nurses and doctors frequently as they visit health centres, and schools to pay school fees for their children and grand-children, and during consultations with teachers on the performance of their children. The present study's findings show that women's access to information and knowledge on a range of issues such as child protection, parenting, markets, and birth registration has improved through their interaction with the HSCT programme, mainly at payment collection points.

The experiences and knowledge which women beneficiaries have accumulated about, and through the HSCT is valuable. In the words of one beneficiary: "I have acquired useful information about how best to use the cash transfer, I now know I have three choices: consumption, investment and savings."

Through the HSCT, some women in Epworth and Goromonzi now have more public, high-status and leadership roles within their communities. The HSCT's lead focal persons in the study's four wards are women. The facilitators of the family clubs formed through the HSCT are also women. Both roles entail community leadership, decision-making, and influencing of key decisions at household and community levels. They organise at the community level. The participation of women in the HSCT suggests that women's distinct perspectives and interests in social, economic processes are being represented and promoted in the HSCT's recipient communities. Focus group discussions with HSCT focal persons indicate that the HSCT has improved the position of women particularly in beneficiary households in the last four years. The FGDs also repeatedly indicated positive changes in gender relations at community level and more respectful community attitudes towards women HSCT focal persons. In this regard, it can be argued that the HSCT is not perpetuating women's subordination but is opening up opportunities for

women to be involved in community managing and community leadership roles.

However, it should be pointed that while the HSCT seems to be promoting the community leadership and management roles of women in recipient communities, and in the process contributing to the social empowerment of women, the work the women involved in the HSCT do at community level is unpaid voluntary work. Moser (1991:34) argues that the activities undertaken by women at the community level are “an extension of their reproductive role”. Moser argues further stating that “[r]ecognition that women have a community managing role is still far from widespread, such that it is still most frequently identified as part of the reproductive work”. Consequently, the community managing role of women is seen as naturally women’s work. The present study’s findings indicate that in the HSCT households that have some labour capacity, it seems that it is the adult males that tend to be involved in work that earns payment in cash or kind.

## **6.4 Summary, conclusions and recommendations**

Based on the findings of this study, this section draws out relevant conclusions and identifies the implications of the study for social protection policy and cash transfer programmes. This is followed by recommendations for further research and the study’s main contributions to research.

### **6.4.1 Key design and implementation features of the HSCT**

The study identified and analysed eight key design and operational features of the HSCT: objectives; unconditionality; targeting and eligibility criteria; grievance and complaints mechanisms; payment method; complementary services; demographic characteristics of beneficiary households; and financial sustainability.

From the review of the social cash transfers literature and findings of the present study, it can be concluded that while the stated objectives of the HSCT are broadly similar to other cash transfers whose focus is on addressing income poverty and human capital development, the effects of the

HSCT on beneficiaries are wide-ranging and go beyond the HSCT's core programme objectives. The injection of cash into the HSCT households is contributing to material, psychosocial and relational well-being and resilience of beneficiary households. Findings suggest important social and economic spill over effects to the wider recipient communities. In addition, there are implicit moral and ethical dimensions to the effects of the HSCT on recipient households. Yet, all these important dimensions to the HSCT are not explicit in the design and stated objectives of the HSCT. A negative consequence of this flaw is that evaluations of the HSCT will continue to prioritise consumption and expenditure effects ahead of social effects.

On unconditionality of the HSCT, the present study's findings indicate that most beneficiaries correctly understood the HSCT as an unconditional social cash transfer. Beneficiaries reported positive use of the HSCT for the well-being of household members, and suggested that the pre-cash distribution speech made by government officials at the payment collection point had important messages on responsible use of cash. In this regard, the study concludes that there seems to be clear and consistent programme communication and messaging that emphasise the unconditionality of the HSCT and responsible and wise use of cash transfers from the HSCT. Furthermore, the evidence on unconditionality and the positive use of cash by HSCT beneficiaries constitute an antithesis to the neoliberal notion that conditionality is necessary to guide poor people to act in their best interests. It can be concluded that HSCT beneficiaries in the two study districts need only a boost in their household incomes in order to improve their well-being.

The evidence generated through this study indicates that targeting and the eligibility criteria used in the HSCT have particularly striking consequences for recipient communities. The findings reflect the debates about universal and targeted approaches to social protection. Non-beneficiaries in the two study districts prefer universal benefits and suggest that universalism promotes equality. They consider their socio-economic status as similar to beneficiaries' situation of poverty and vulnerability. They reported feeling socially-excluded with a targeted approach to the HSCT. On the other hand, HSCT beneficiaries

reported satisfaction with the HSCT targeting method and eligibility criteria indicating that the selection process was transparent, independent and fair. They argue that they “deserve” the HSCT on account of their poverty and vulnerability status. In this regard, beneficiaries view the HSCT as socially-inclusive and promoting equity.

The study identified cases of inclusion and exclusion errors in the HSCT targeting which fed into non-beneficiaries’, HSCT focal persons’ and community leaders’ perceptions of unfairness of the proxy means test method and eligibility criteria applied in the HSCT.

Some of the HSCT beneficiaries reported that the creation of the label “HSCT beneficiaries” induced feelings of stigma and inferiority in them in terms of how they were perceived by other community members particularly non-beneficiaries.

The evidence from the present study indicates that the labour-constraint dimension of the HSCT’s dual eligibility criteria may not be clearly and easily understood by some beneficiaries in the study communities. It seems that some beneficiaries do not regard old people above the age of 59 years as unfit for productive work.

There are several conclusions which can be drawn out from the study’s findings on targeting and eligibility criteria. The HSCT’s targeting approach leads to social divisions between the categories “HSCT beneficiaries” and “non-beneficiaries”. This social differentiation appears to negatively affect social relations and trust between beneficiaries and non-beneficiaries.

There is a further drawback associated with the HSCT’s targeting and the positive material effects of the HSCT on beneficiary households. Some of the households receiving the HSCT are now in a much better situation than those households excluded from the HCST. For example, some HSCT households have constructed houses and accumulated assets that help them to build resilient and sustainable livelihoods. While this is inevitable to some extent and the benefits of leaving recipient households on the HCST for 4+ years enables beneficiaries to register these successes, attention needs to be given

to the possible effects to community social cohesion and social relations of a programme that supports some households and not others. From these findings it seems that targeting involves social costs which need to be carefully considered at programme design stage. On the labour-constraint dimension, evidence from this study suggests that local perceptions of this eligibility dimension in the HSCT may be different from those expressed in the HSCT's design document.

While the fiscal constraints and efficiency arguments deployed by government officials in support of targeting in the HSCT appear to be plausible, the incidence of inclusion and exclusion errors, and the failure to implement the stated re-targeting every two years undermine the efficiency argument. The exit criteria for the HSCT are defined in relation to bi-annual re-targeting exercise. According to the HSCT's (MOPSLSW 2014) re-targeting in the HSCT is aimed at:

- Re-approving all current beneficiary households that are still labour constrained.
- Phasing out those beneficiary households that are no longer labour constrained.
- Updating the volume of the transfers to the present number of household members.
- Approving additional households that have become extremely poor and labour constrained since the last targeting has been undertaken.

The present study's findings show that re-targeting in HSCT has not been put into practice although there are data collected in 2014 for phase 1 districts. If the re-targeting was fully implemented, this could reduce the incidence of perceptions of unfairness, inclusion and exclusion errors in the HSCT. This could then lead to improvements in levels of social capital in recipient communities.

There are two important conclusions that can be drawn from this study's findings on provision of complementary services in the HSCT. Firstly, it seems that the link between cash transfers and child protection is being strengthened



through the implementation of a cash transfer model that integrates extra services to beneficiaries. UNICEF and the MOPSLSW officials reported that demand for other services such as birth registration and reporting of child abuse cases is increasing through information provided to beneficiaries at payment points. It appears the absence of information about the supply environment for such services was a hindrance to access. The provision of complementary services in the HSCT could contribute to social justice by reducing social risks associated with for example children not having birth certificates. Furthermore, this could lead to improvements in other well-being aspects of beneficiary households for example, access to antiretroviral treatment and prevention of child abuse.

Secondly, while the present study's findings indicate that HSCT beneficiaries attending payment collection points access a range of other welfare services which contribute to the well-being of their households, the study concludes that the provision of complementary services at the payment collection point appears exclusionary as the focus is on HSCT beneficiaries as opposed to whole communities. There are invariably other community members, non-beneficiaries included, who may need the complementary services too but do not have the convenience provided by the programme exclusively to HSCT beneficiaries. It is essential that in communities where HSCT is active, provision of information on access to basic services is not limited to beneficiary households only but reaches out to other vulnerable households too.

This study identifies a set of important conclusions about the HSCT's payment method. There are important advantages and disadvantages associated with the cash-in-envelopes method. While the physical cash delivery method appears suitable to support the achievement of the HSCT's objectives by making beneficiaries' access to cash easy, the continued economic relevance and sustainability of this payment method in a country context where there are severe cash shortages is questionable. There are potential risks to the predictability and reliability of future payments to beneficiaries. In addition, opportunities for the financial inclusion of the unbanked beneficiaries is absent

in the current payment method. It seems the HSCT has been slow to appreciate the utility and relevance of electronic payments in the current environment. Late payments can potentially reduce the intended effects of the HSCT, and contribute to risky coping strategies by beneficiaries for example incurring of debts, disruptions to households' financial planning and distress sales of assets. There are also important security concerns associated with physical cash payments in United States dollars in context where there is a high demand of foreign currency. The evidence point to a need to review the current payment method while seeking to preserve the social capital benefits associated with the method. Findings from the present study suggest that physical cash delivery drives positive social benefits for beneficiaries including access to other welfare services.

On the issue of grievance and complaints mechanism used in the HSCT the study reaches three key conclusions. Firstly, the grievance system has important gaps and relies primarily on the help desks at HSCT payment collection points. The identified gaps are: general lack of willingness to complain by most beneficiaries; lack of privacy at the help desks; concerns about potential negative effects after complaining especially where the complaints are against the conduct of programme officials; and lack of a clear grievance and complaints escalation pathway. Secondly, from the findings on grievance and complaints mechanisms in the HSCT, I conclude that the study does not appear to support the assertion by Barca *et al.* (2012) that a lack of awareness of cash transfers as entitlements by beneficiaries is a key constraint in beneficiaries' unwillingness to raise queries about programmes. The present study finds that most of the HSCT beneficiaries in the two study communities viewed receiving the HSCT as their entitlement yet there was still a general unwillingness to raise complaints. These findings suggest that there may be other context-specific factors involved. A third conclusion is that there is a conflation of grievances and administrative issues with the two being addressed through the help desk. The latter requires the programme officials to process changes in the HSCT MIS for example in cases where either beneficiaries' household structure changes or beneficiaries register a representative to collect cash on their behalf. Thus, the system needs to

distinguish between genuine grievances or accountability issues and administrative queries.

The present study's findings on demographic characteristics of beneficiary households in recipient communities highlight the diversity in people's profiles. There are ultra-poor people with no labour capacity; ultra-poor but with some labour capacity; households with old people (60+) and with no children; eligible households with children; households with disabled members; and households with mental health challenges. On the basis of these findings and taking into account the objectives of the HSCT, this study concludes that the current design and implementation features of the HSCT do not appear to adequately support the needs of the diverse groups of people in beneficiary households. For example, households with disabled people and mental health patients have specific requirements to address their needs but beyond the provision of cash, there are no custom-made support services for these groups. A key observation at the payment collection point was that there is no preferential treatment accorded to disabled and old beneficiaries. Households with labour capacity could be linked to productive and paid jobs. It seems therefore that a one-size-fits-all approach is used in the implementation of the HSCT.

The study found that domestic financing of the HSCT is constrained by a poor-performing national economy and a lack of prioritisation of the limited revenues mobilised by the government of Zimbabwe. Most of the revenue mobilised by the government from taxes is directed towards the public sector wage bill. The study makes two important conclusions with respect to the financing of the HSCT. Firstly, the findings do not support a point made by Bastagli (2015:27) that external funding often acts as a catalyst for national governments to mobilise domestic revenues to finance social protection. Since international development partners began funding the HSCT in 2012 to date, the HSCT has not seen significant domestic financial contribution to the actual cash transfers paid to beneficiaries beyond employment costs for programme officials. Secondly, while the government of Zimbabwe demonstrates political will towards the HSCT, this is only one dimension of

affordability, and it is insufficient to guarantee the sustainability of the HSCT beyond donors' assistance. There is potential for the poverty alleviation gains made under the HSCT to be eroded in future if government funding into the programme is not improved. Zimbabwe could learn important lessons from South Africa and Zambia where governments of the two countries prioritise social protection and make significant contributions towards social grants for the poor and vulnerable populations.

#### **6.4.2 Structural dimensions of social capital**

The study examined the effects of the HSCT on the following structural dimensions of social capital in recipient communities: social relations, social networks, membership associations and groups. The study makes several important conclusions on these dimensions of social capital.

The findings from the two study communities highlight how the introduction of the HSCT positively and negatively affected a diverse set of social relations in recipient communities. It is apparent that social relations in the cash-recipient communities have undergone some form of transformation, and that these changes are shaped by specific design and implementation features of the HSCT. The HSCT has widespread positive effects on intra-household social, gender and generational relations. From the perspectives of most HSCT beneficiaries, the HSCT appears to rebuilding and strengthening a sense of family belonging between household members. The payment method, use of cash, consultative decision-making, eating together, sharing of benefits and information between household members, intertwined vulnerability factors seem to be the primary driving factors for positive social, gender and generational relations within beneficiary households. Similarly, evidence from the study shows isolated negative effects of the HSCT on intra-household social and gender relations. Domestic violence and family neglect after collecting cash were examples of negative effects of the HSCT on intra-household social and gender relations. In cases where this occurred it seems gender of the recipient contributed to the negative social effects.

While the HSCT facilitated formation and strengthening of mutually beneficial social ties and friendships between beneficiaries, findings suggest that the introduction of the programme did not negatively affect pre-existing close friendships. Most beneficiaries in the two study districts reported that their close friends were non-HSCT beneficiaries whom they had established social relations with prior to the introduction of the HSCT. In some cases the HSCT served to strengthen pre-existing close friendships between beneficiaries and other community members, for example it enhanced reciprocal sharing arrangements.

While the evidence on the effects of the HSCT on social relations between beneficiaries and non-beneficiaries is mixed, in most cases the HSCT weakened social ties between the two groups. Where this occurred it appears that the weak social relations were driven by the HSCT's targeting method; non-beneficiaries' perceptions of the programme's eligibility criteria; inclusion and exclusion errors; actual cash benefits; and the non-sharing of programme information. The weak social ties between beneficiaries and non-beneficiaries could have negative consequences on social cohesion in recipient communities and possibly affect other dimensions of social capital such as community collective action.

The study's primary conclusion on the effects of the HSCT on social relations in cash-recipient communities is that it seems that most of the positive effects were confined to people who were involved directly or indirectly with the HSCT. Evidence shows positive social ties between beneficiaries; between HSCT focal persons; between beneficiaries and HSCT focal persons; between beneficiaries and programme officials. Social relations between people involved with the programme and those outside the programme were for most part negative for example, between HSCT focal persons and non-beneficiaries; between beneficiaries and non-beneficiaries; and between non-beneficiaries and programmes. These findings raise questions about the sustainability of the established social relations between those involved with the HSCT beyond the end of the programme. Most of the positive social

relations are driven by specific design and operational features of the HSCT without which opportunities for social interaction could be limited in the future.

On social networks the study found that the HSCT led to the formation of two types of social networks linked to the HSCT: (1) networks of direct beneficiaries and (2) networks of HSCT focal persons. This indicates that the effects of the HSCT on social networks go beyond immediate beneficiaries of the HSCT but not outside the programme. The rationale for the social networks created by the HSCT in recipient communities is social as well as economic. Although the HSCT created opportunities for social inclusion of HSCT recipients into beneficial social networks such as family clubs, and internal savings and lending clubs, the new social networks created by the HSCT have been exclusionary benefitting mainly HSCT beneficiaries. The study found no evidence of non-beneficiaries' participation in social networks linked to the HSCT. In addition, participants in the social networks were mostly women. The findings also raise the question of whether or not the social networks created by the HSCT in recipient communities will be sustainable beyond the life of the HSCT.

The present study examined the participation of HSCT beneficiaries in the wider community-membership organisations. The study's findings on membership associations show that in the two study districts, beyond attending church, HSCT beneficiaries' participation in community-based membership associations is very low. Most social interaction of HSCT beneficiaries takes place outside subscription-based associations and groups but within the social forums established by the HSCT, for example the family clubs and rotational savings and lending clubs highlighted above. The factors cited as inhibiting greater participation in community membership associations were: (1) old age; (2) ill-health; (3) length of residence in the village or area; and (4) size of the cash transfer received by the household. On the basis of these findings it can be concluded that beneficiaries' decision on whether or not to participate depended on HSCT and non-HSCT factors. Findings show that an important design feature of the HSCT – size of the cash transfer, appears to be a barrier to the participation of some of the HSCT beneficiaries

in subscription-based membership associations. In this regard, it can be argued that the benefits of the HSCT on social inclusion were limited.

#### **6.4.3 Cognitive dimensions of social capital**

The evidence from this study reveals that the HSCT has positive effects on trust, norms of reciprocity and important individual psychosocial elements such as happiness, self-esteem and dignity. There were widespread positive effects on trust levels between beneficiaries, and trust in HSCT focal persons, and in people in formal institutions such as health centres and schools. There were also reported cases of the HSCT weakening cognitive and psychosocial dimensions of social capital.

There are several important conclusions that can be drawn from this study's findings on effects of the HSCT on cognitive and psychosocial dimensions of social capital. The HSCT appears to have widespread positive effects on interpersonal trust, and trust in people in formal institutions with whom beneficiaries had frequent interactions. The interpersonal trust appears to be driven by frequent interaction opportunities created by the HSCT which in turn seem to lead to people getting to know each other better. The HSCT's payment method is important here as it affords beneficiaries opportunities to interact frequently and to build trust over time. There appears to be no effects on generalised trust following the introduction of the HSCT in the two study districts. Generalised trust is good for a community's social capital as evidence from previous studies show that it can generate beneficial outcomes such as collective action and reduced levels of crimes. The HSCT's benefits on trust appear to be accrued at the individual level. The ideal is to accrue trust and both the individual and the community levels.

The unconditional nature of the HSCT appears to offer flexibility and respect for beneficiaries' choices. It can be said that there seems to be a positive and intrinsic psychological element embedded in unconditional grants. This reinforces the argument in favour of unconditional cash transfers over conditional grants.

On psychosocial effects the study shows that benefits that accrue from the use of the HSCT, for example purchase of livestock, house construction, increased consumption of nutritious foods, and purchase of clothes appear to drive positive psychosocial effects such as increased self-esteem, dignity and happiness. In this regard, the study indicates an important enabling association between material benefits and psychosocial effects.

#### **6.4.4 Types of social capital**

The results show that the HSCT contributes to the development and strengthening of bonding social capital between HSCT beneficiaries in recipient communities. In addition, the findings reveal that the programme formed and strengthened bonding social capital between HSCT focal persons. Research evidence shows that there are important social and economic benefits associated with the bonding social capital between beneficiaries. For example the social bonds were a source of support and comfort in times of need, and exchange of ideas and information about income-generation activities. The benefits contributed to improvements in the well-being of beneficiary households. The main limitation of the bonding social capital between HSCT beneficiaries is that the social ties between them appear exclusive in nature. It's mainly people who have similar characteristics, for example, all being HSCT recipients. People who have social bonds generally lack access to new information and resources beyond their networks. The driving factor behind the creation and strengthening of bonding social capital between beneficiaries is the HSCT's payment methods which facilitates opportunities for beneficiaries to travel together to the payment points, interact at payment points while waiting to collect their cash.

The HSCT has widespread positive effects on linking social capital between beneficiaries and programme officials, NGOs and community business operators; and between HSCT focal persons and community leaders. However, there are negative effects on the vertical relationships between HSCT focal persons and programme officials, and weak and infrequent ties between beneficiaries and community leaders. It appears that the main driving factors for the positive linking social capital in recipient communities are all



centred on the payment method used in the HSCT, for example provision of complementary services at the payment point, pre-cash distribution speech and the conduct of programme officials at the payment point. The linking social capital created has important benefits for the well-being of beneficiaries. It can be concluded that besides the targeting and selection method used in the HSCT, the payment method has particularly striking consequences for the effects of the HSCT on social capital. The findings suggest that the adverse effects of the HSCT on linking social capital in the few but important cases highlighted above appear to be driven by material aspects of the HSCT, for example the HSCT focal persons complained about unresolved queries related to broken down bicycles and withdrawn airtime credits.

The study's findings indicate that the HSCT like other cash transfers in the literature has limited effects of bridging forms of social capital. This appears to be a consequence of concentration of effects on bonding and linking types of social capital at the expense of formation and strengthening of bridging or horizontal ties. Bridging ties cut across social, cultural, economic and demographic cleavages. There are very few cases where the HSCT facilitated entry of beneficiaries into the networks of the non-poor within and beyond the study communities. The absence of widespread horizontal ties limits beneficiaries' access to new information and resources, an indication that their bonding social capital predominantly serves a survival function. Bridging ties have the potential to strengthen resilience and productive functions.

#### **6.4.5 Socio-cultural and gender norms**

The design and implementation features of the HSCT do not explicitly consider social, cultural and gender norms, yet results from this study suggest a shift in social and gender norms in the cash-recipient communities. Most of the registered cash recipients in the two study communities are women, and this was also confirmed by field observations at the HSCT payment collections points. The HSCT has increased the scope and opportunities for women from beneficiary household to socialise, network and access vital information for the well-being of their families. This occurs in the course of

cash collections at payment points, increased interactions with officials from public institutions as at payment points, at health centres and schools. Thus, their visibility in public spaces has increased. Findings show that before the introduction of the HSCT, women were generally confined to their homesteads and focused more on socially and culturally-ascribed tasks such as child care and maintenance of the household. Men had greater visibility in public spaces such as markets and business centres. The HSCT has also led to greater participation of women in community leadership and management roles as in their roles in the predominantly female-led HSCT focal persons' networks. It can be concluded that the HSCT has unintended positive effects on women's empowerment, social, gender and cultural norms.

#### **6.4.6 Implications of findings for policy and practice**

One of the main objectives of this study is to draw out and demonstrate the implications of the present study's findings for social protection policy, and the design and implementation of social cash transfer interventions. The findings highlight a number of important points for consideration by social protection policy stakeholders mainly government; and social cash transfer actors mainly UNICEF; NGOs; international development partners and researchers. These implications should be considered more explicitly in the design, implementation and evaluation of social protection policies and social cash transfer schemes.

The implications are divided into two categories with the first one highlighting key issues that are linked to the design and implementation features of CT programmes. The second category covers issues drawn from social capital dimensions.

- Social protection policies and cash transfer interventions are usually designed with objectives that narrowly focus on redistribution and reducing income poverty. The preoccupation is on material benefits, human capital and economic priorities of the beneficiaries. The design of the HSCT mirrors these outcome concerns. The evidence from this study supports the idea that objectives of social protection policies in

general, and cash transfers in particular should be explicit about social capital, women's empowerment, local community development and other transformative benefits of CT schemes. Where current CT objectives do not reflect these dimensions, it is recommended that recalibration of objectives based on emerging empirical evidence should be done.

- This study has shown that an unconditional cash transfer can have important positive and negative social effects which could in turn affect the intended material effects of CTs on beneficiaries. For example, the study finds that participation in the HSCT led to the exclusion of some beneficiaries from accessing other important basic services such as education assistance for children in HSCT households under the government's social safety net programme – BEAM.
- Social cash transfers are not the silver bullet for addressing all forms of vulnerabilities and risks. This study reveals that beneficiaries were exposed to both covariate and idiosyncratic shocks and had to rely on savings from the HSCT and/or support from other sources within and outside their immediate communities while others had no means to cope with the shocks. The design of social cash transfers and social protection policies should incorporate shock-response mechanisms which could minimise negative risk coping behaviours, and reduce the need for separate humanitarian programmes. Such mechanisms entail provision of reserve funds whose use could be triggered in the event of beneficiaries experiencing covariate shocks such as droughts, floods, sharp rise in costs of basic commodities.
- The design of social protection instruments should take in to consideration the diversity of beneficiary profiles. Programmes such as the HSCT which depict a profile with mainly three categories of beneficiaries: the old; children; disabled and chronically ill, should consider moving towards a tri-modal design with separate old age grants; child support grants and disability grants as is the example of South Africa's social grants system. The needs of these groups of vulnerable people are different, and as results from this study show,

the size of the cash transfer may not be adequate to address their special requirements as in school fees for children, increased health needs for the old and regular medical requirements for household members with mental health challenges.

- A majority of beneficiary households have young people who failed to complete primary or secondary school. Most of the young people in these beneficiary households are labour-endowed and have been involved in some kind of work that earned payment in either cash or kind. The design of cash transfer schemes could consider integrating vocational skills and business training for young people, and linkages to income-generation opportunities. These young people could in turn and in future help break the inter-generational poverty cycle in their families using the skills they would have gained through social cash transfers.
- While no grievance and complaints mechanism is perfect, the design and implementation of cash transfer programmes should ensure that beneficiaries are clearly aware of how and to whom to complain, feel confident about registering complaints, know the grievance escalation pathway, and clearly express their opinions and views about how the grievance system is serving them. It seems that the following factors are vital for promoting increased use of the grievance systems: (1) that regular communication about the grievance system, (2) formal assurances that there will be no negative repercussions to beneficiaries who register sensitive complaints, and (3) frequent monitoring of the effectiveness of the grievance and complaints mechanism. In addition it is important to CT programme designs to integrate multiple options through which beneficiaries could raise grievances and complaints anonymously, for example the use of toll free phone numbers and suggestion boxes at payment points and other accessible locations. This could help protect beneficiaries from potential negative repercussions through confidential handling of sensitive complaints. An effective grievance mechanism should be able to clearly distinguish between complaints and administrative

queries. All these factors should be considered in the design and operational features of social protection instruments.

- This study raises an important question about whether CTs' grievance and complaints systems should narrowly focus on beneficiaries only. There are community volunteers who are directly involved in the delivery of CT programmes and there are also non-beneficiaries who as this study shows may have queries about CT programmes. The findings suggest that CT grievance and complaints systems should create opportunities and entry points for other stakeholders to register their complaints. It seems such an approach could help strengthen social accountability in social protection programmes.
- To reduce the social divisions and tensions that could result from proxy means tests, programmes should incorporate transparent community verification processes which include the participation of a wide spectrum of community members comprising representatives of non-beneficiaries, community leaders and beneficiaries. Such an approach adds the use of local knowledge in targeting and selection of beneficiaries and may contribute to reducing inclusion and exclusion errors and perceptions of unfairness. The design and implementation of social cash transfers should integrate robust programme communication strategies which should serve the information needs of beneficiaries, non-beneficiaries and the general community membership. In this way cash transfers can address information asymmetries about the objectives of CT programmes and targeting and selection methods.
- The evidence from this study indicates that there is a gap between the theoretical arguments supporting equity and efficiency of proxy means test targeting and actual practice. There are social problems associated with household targeting and proxy means tests for example perceptions of unfairness, inclusion and exclusion errors. It might be better when resources are available for social cash transfers to switch to universal benefit systems. In the absence of a universal benefit system, programmes should consider ways of making existing

household targeting more flexible for example retargeting of beneficiaries at context-appropriate points in the life cycle of a programme; exiting households that no longer meet the eligibility criteria; and integrating newly vulnerable households. This may generate a greater sense of equal treatment in recipient communities and could contribute to the preservation and strengthening of community social capital with positive effects on community collective action.

- The evidence from this study suggests the need for inflation-indexed cash transfer amounts in the design of cash transfer schemes particularly in cases where the primary objective of the CT is to raise the incomes and purchasing power of extremely poor households. The transfer amounts in the HSCT have not been adjusted for about five years and with the economic decline in Zimbabwe, it appears that the purchasing power of the transfers is being eroded. Furthermore, it's important for CT programmes to adjust transfer sizes for existing recipient households in cases where the demographic structure or membership of the household changes. This ensures consistency between household size and cash transfer entitlements.
- In terms of locations of cash transfers' collection points, the results of this research support the idea of a standard approach to the choice of locations as is the case in Kenya's OVC-CT programme which uses local post offices. If a programme selects cash collection centres that are in the vicinity of public institutions such as schools or health centres, it is recommended that the actual collection points be located inside the school premises or health centres for the safety and privacy of beneficiaries. In addition, measures should be put in place to ensure that the payment processes do not interfere with the core business of the public institutions.
- The findings of this study suggest that cash transfer schemes that embed the provision of complementary or extra services to beneficiaries should take a more inclusive approach which considers extending access to information and extra services to non-

beneficiaries too. Where this inclusive approach is considered, it may be necessary to separate provision of extra services from cash collection in order to ensure the collection of cash transfers remains a private affair for the safety and security of beneficiaries. Furthermore, the choice of complementary services should be tailored to meet the needs of demographic and vulnerability characteristics of beneficiary and non-beneficiary households' members for example, the disabled and chronically ill, the old and people with mental health challenges.

- The findings of this investigation support the idea that social protection requires an effective and sustainable finance mix (Barrientos 2010:300). Reliance on external sources of financing raise questions on affordability and long-term sustainability of social protection instruments. Governments should expand fiscal space to finance social protection from domestic revenues for example by reducing expenditure on low priority areas, and leveraging on revenues from natural resources.

The points highlighted below draw on the findings on social capital dimensions and unintended social effects of the HSCT.

- The introduction of a cash transfer scheme into a community seems to alter the social organisation in a community in positive and negative ways. The evidence from this study reinforces the idea that the design of cash transfer programmes should be informed by prior analysis and understanding of the social organisation or social order and the pre-existing forms and levels of social capital in targeted communities.. This calls for a greater and more explicit role for sociologists and anthropologists in the design and analysis of social protection instruments in general, and cash transfer schemes in particular. These experts need to work closely with economists.
- Taken together, this study's findings indicate that the introduction of an unconditional cash transfer has widespread positive and negative effects on bonding and linking forms of social capital in recipient communities. The effects on bridging or horizontal forms of social

capital appear to be limited and this suggests that beneficiaries have limited access to information and resources beyond their immediate social networks. Thus, the design and implementation of cash transfers should consciously embed strategies that promote the formation and strengthening of horizontal social ties. For example, CT designs could actively support the participation of beneficiaries in membership organisations that cut across social, cultural and economic boundaries.

- While research evidence broadly indicates that cash transfers promote social inclusion of beneficiaries in the development processes, this study has raised important questions about the exclusionary nature of social networks and ties created through cash transfer schemes. Social cash transfers should take a more inclusive approach towards non-beneficiaries for example by promoting their participation in community verification of targeting and selection processes, social accountability aspects of the programmes, and giving them access to complementary services and general programme information. In addition, social networks and membership groups that are linked to cash transfers should explore ways of encouraging the participation of non-beneficiaries – making membership more diverse than exclusive to beneficiaries. This might narrow social divisions and tensions between beneficiaries and non-beneficiaries.
- The study highlights a number design and implementation features of social cash transfers that promote formation and strengthening of bonding and linking forms of social capital. For example, the payment system, pre-cash distribution speech, provision of complementary services, and parts of the grievance system such as help desks. Programmes should invest more human and financial resources into these features in order to maximise on their positive effects on dimensions of social capital.
- The evidence from this study indicates that beneficiaries value attending payment collection points in person from a social perspective as a way of connecting with fellow beneficiaries,



strengthening social ties and exchanging information. In the case of electronic payments being introduced to replace physical cash delivery it will be critical for the design and implementation of CT schemes to consider how to replace this social capital function of the payment collection points.

- The results of this study indicate that the design and implementation of social cash transfer programmes need to consider the importance of giving recognition and visibility to the community support and leadership roles of women, who are the faces of community volunteerism upon which the delivery of the programmes in communities is based. The mobilisation and organisation activities for the HSCT at community level are time consuming and often take women away from their households for long periods particularly when cash distribution dates are drawing close. The HSCT should consider paying women (and men) for the work they do at community level and which benefits the programme. The gender division at the community level between paid men's work and unpaid women's voluntary work should be addressed and the HSCT can contribute towards achieving that by converting unpaid voluntary work to paid community support work. In this way the HSCT could contribute to meeting important productive and strategic gender needs of women in recipient communities.
- The findings from this study highlight old age, disability and chronic illness as constraints limiting participation of some beneficiaries in community events and social networks. It is important that the design and implementation of social cash transfers takes into account these factors and explore ways of promoting the social inclusion and participation of these vulnerable groups in social activities linked to cash transfer programmes.
- The evidence from this study shows that some of the cash transfer beneficiaries in the study communities have been victims of theft and house burglaries. Others reported that they do not feel safe from crime when they are at home alone. It was beyond the scope of the present

study to establish the causal link between being a cash transfer recipient and vulnerability to crime. The evidence base could benefit from studies that might examine the causal relationship between receiving cash transfers and vulnerability to crime activities.

#### **6.4.7 Recommendations for further research work**

The study identifies a number of areas where further research could broaden and deepen our understanding of the confluence of social cash transfers and social capital that is, where the two meet and how cash transfers impact on the latter. Five broad areas are summarised below.

- i. Future similar studies might focus on better understanding of whether social cash transfers contribute to beneficiaries' willingness to participate in community collective action in cases where beneficiaries either volunteer to participate or may be required to participate by community leaders. The present study found inconclusive evidence on the effects of the HSCT on beneficiaries' participation in community collective action.
- ii. An investigation to establish whether the pre-cash distribution dialogue between programme officials and beneficiaries at payment points has a direct causal effect on positive use of cash transfers by beneficiaries. The pre-cash distribution speech includes information on the desired cash transfer spend behaviours. This might constitute some form of soft condition in the cash transfer programme.
- iii. The present study examined a targeted cash transfer scheme. The evidence base could benefit from additional similar studies which might investigate the effects of a universal cash transfer scheme on social capital.
- iv. The evidence from the present study highlights the importance of the physical cash payment method for social capital outcomes. Further research is necessary to explore the effects of cash transfer schemes that use electronic payments on social capital.

- v. The findings from the present study offer useful but limited insights in to the social dynamics of a cash transfer on polygamous households. One avenue for further study would be specific research into the effects of a cash transfer on the social capital of polygamous households.

#### **6.4.8 Contribution of the study to research**

The present study makes six important contributions to the literature that examines the effects of social cash transfers on social capital.

Firstly, one of the key strengths of the present study was to combine into one study an in-depth analysis of the design and implementation features of a cash transfer programme from the perspectives of a diverse set of actors, and an examination of the effects of the design and implementation features on social capital. This gave the study thematic rigour and enabled the research to make several noteworthy contributions to the fields of cash transfers and social capital separately and jointly as demonstrated in the points made under implications of the findings for policy and practice. Previous similar studies identified in the CT literature have focused broadly on the effects of CTs of some dimensions of social capital but without a robust identification and analysis of the design and operational features of CT programmes.

Secondly, to my knowledge, most studies that have explored the effects of cash transfers on social relations have narrowly focused their analyses on relations between beneficiaries and non-beneficiaries, and between beneficiaries and public officials. The present study identified and explored in insightful detail inter alia the effects of an unconditional cash transfer on a diverse and complex set of social, gender and generational relations between the following groups of people:

- i. HSCT household members (intra-household);
- ii. Beneficiaries (inter-household);
- iii. Beneficiaries and non-beneficiaries;
- iv. Beneficiaries and HSCT focal persons
- v. Cash recipients and HSCT programme officials
- vi. HSCT focal persons and programme officials

- vii. Cash recipients and community leaders;
- viii. HSCT focal persons and community leaders
- ix. HSCT focal persons

This broad and deep analysis of the effects of a cash transfer on a structural dimension of social capital extends our knowledge of how the implementation of a cash transfer operates through and affects different sets of social relations even between people who are not directly involved in the implementation of cash transfer programmes. The effects on social relations are widespread, complex and indicate strengthening and weakening of social capital.

Thirdly, this research makes an important contribution to the CT literature that addresses evaluation of payment methods for cash transfer programmes. There is a gap in the current frameworks used in analysing CT payment systems. Barca *et al.* (2010) suggested a framework that considers programme level issues and beneficiary considerations. This study expanded the scope of the evaluation framework by incorporating social capital dimensions. The modified framework can serve as a useful basis for future studies that analyse the implications of payment systems for social capital.

Fourthly, the present study provides additional evidence which extends our knowledge with respect to the unintended effects of cash transfer programmes. The findings suggest that cash transfers: (1) seem to act as a magnet which attracts new members into beneficiary households; (2) promotes increased possession of identity documents by beneficiaries; and (3) the use of United States dollars as the transfer currency in contexts with severe shortages of cash could lead to a reduction in the value of transfers, cause price distortions in local community economies, and expose beneficiaries to crime.

The fifth contribution of this study to research is that it enhances our understanding of the social dynamics, poverty and social protection programmes in a peri-urban setting as one of the two study communities, Epworth Is peri-urban. Most studies in the CT literature almost always focus

on rural communities. In most low-income countries, social protection tends to be mainly more rural than urban especially on the basis of higher prevalence of poverty in those rural settings.

Last but not least the present study brought to the fore useful insights on the social structure of informal networks formed following the introduction of a cash transfer programme. Using social network and social capital theories, the study identified the phenomenon of networks within networks. Within the family clubs set by through the HSCT in study communities, members formed sub networks in the form of internal savings and lending groups. The networks served dual objectives – social and economic.

#### **6.4.9 Summary and conclusion**

This chapter presented a detailed discussion of the research findings in terms of existing literature, theory and practice. This was followed by a summary of the findings and conclusions organised in line with the study's objectives. Overall, the findings of the study on perceptions and experiences of beneficiaries with design and operational features of the HSCT were positive. The views of community members on the HSCT were mixed with non-beneficiaries expressing a preference for a universal benefit system from the perspective of equal treatment. Programme officials deployed the efficiency and equity argument for a targeted cash transfer programme.

Findings indicate that targeting and the payment method had particularly striking consequences for social capital. The HSCT has both positive and negative effects on dimensions and types of social capital. Data points to widespread positive effects on bonding and linking forms of social capital but limited effects on bridging social capital. Furthermore, the study suggests more positive psychosocial effects on individual beneficiaries and household members, and limited negative effects such as feelings of stigma and inferiority. The study confirms and in some cases contradicts findings of previous studies. There are also areas where the study provides additional evidence and extends our knowledge of some aspects of CTs and social capital.

The implications of the present study for social protection policy and cash transfers, and recommendations for future research drawing on gaps and areas identified in the present study were outlined. There is scope to contribute further to the growing body of empirical evidence on the nexus between social capital and cash transfers.

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## Appendices

### Appendix 1: Permission to conduct academic research

*Official  
communications  
should  
Not be addressed to  
individuals*



**DEPARTMENT OF SOCIAL WELFARE**  
P.O. Box CY 429  
Causeway  
Zimbabwe

Telephone: Harare  
703711/790721-4  
Telegraphic Address:  
'WELMIN'  
Fax: 790543/703714/7  
08649

**ZIMBABWE**

REF: SW12/5

07 March 2017  
Att: Nyasha Mayanga  
76 Coronation Street  
Greendale  
Harare

**RE: PERMISSION TO CONDUCT AN ACADEMIC RESEARCH ON THE ROLE  
OF AN UNCONDITIONAL SOCIAL CASH TRANSFER INTERVENTION IN  
STRENGTHENING OR WEAKENING SOCIAL CAPITAL: A CASE STUDY OF  
EPWORTH AND GOROMONZI IN ZIMBABWE.**

Receipt of your letter dated with reference to the above mentioned matter is acknowledged.

The Department of Social Welfare would like to inform you that permission has granted for you to conduct a research on the topic "The role of an unconditional social cash transfer intervention in strengthening or weakening social capital: a case study of Epworth and Goromonzi in Zimbabwe."

Please be advised that this permission is granted on condition that the research is for academic purpose only as you work towards obtaining a Doctorate at the University of South Africa (UNISA). In that regard, the research shall not be for publicity. You are requested to protect the identities of all the research participants.

You are kindly requested to submit a copy of your final research document to the Department of Social Welfare upon completion.

**PERMISSION TO CONDUCT AN ACADEMIC RESEARCH ON THE ROLE OF  
AN UNCONDITIONAL SOCIAL CASH TRANSFER INTERVENTION IN  
STRENGTHENING OR WEAKENING SOCIAL CAPITAL: A CASE STUDY OF  
EPWORTH AND GOROMONZI IN ZIMBABWE**

---

 9/3/17

S. Soko  
Acting Director - Social Welfare



## Appendix 2: Research Ethics Clearance



**DEPARTMENT OF DEVELOPMENT STUDIES  
RESEARCH ETHICS REVIEW COMMITTEE  
APPLICATION FOR ETHICS REVIEW AND CLEARANCE**

Date: 29/03/2017

Ref  
#:2017\_DEVSTUD\_Student\_01  
Name of applicant: Mr/Ms  
Nyasha Mayanga  
Student #: 43662641

Dear Mr/Ms Nyasha Mayanga

**Decision: Ethical Clearance**

**Name:** MR/Ms Nyasha Mayanga

Student in the Department of Development Studies; Supervisor Prof. V Gumede

**Proposal:** The role of an unconditional social cash transfer in strengthening or weakening social capital: A case study of Goromonzi and Epworth in Zimbabwe

**E-mail:** 43662641@mylife.unisa.ac.za

**Qualification:** Doctoral Degree in Development Studies

Thank you for the application for research ethics clearance by the Department of Development Studies' Research Ethics Review Committee for the above mentioned research. Your application was reviewed in compliance with the Unisa Policy on Research Ethics by the Department of Development Studies' Research Ethics Review Committee on 29/03/2017.

The proposed research may now commence with the proviso that:

- 1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Department of Development Studies' Research



Open Rubric

University of South Africa  
Pretorius Street, Muckleneuk Ridge, City of Tshwane  
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www.unisa.ac.za


Ethics Review Committee. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.

- 3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.

**Note:**

The reference number 2017\_DEVSTUD\_Student\_01 should be clearly indicated on all forms of communication. [E.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Department of Development Studies' Research Ethics Review Committee.

Kind regards,



Dr L.J. Ntema  
Departmental Chairperson-ERC  
Department of Development Studies  
Room TVW 4-25  
Tel 012 429 2121  
E-mail: [ntemalj@unisa.ac.za](mailto:ntemalj@unisa.ac.za)



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### Appendix 3: Beneficiary Household Questionnaire and Informed Consent Forms

#### Harmonised Social Cash Transfer (HSCT) Beneficiary Household Questionnaire

**Questionnaire number** | \_\_\_\_ | of | \_\_\_\_ |

##### Interview details

	Name
Province:	
District:	
Ward number:	
Location name (Urban):	
Village name (Rural):	
Household:	
HSCT HH 1 = Yes 2 = No	

Outcome of first visit	
Completed	<b>01</b>
No household member at home or no competent respondent at home at time of visit	<b>02</b>
Entire household absent for extended period of time	<b>03</b>
Postponed	<b>04</b>
Refusal	<b>05</b>
Dwelling vacant or address not a dwelling	<b>06</b>
Dwelling destroyed	<b>07</b>
Dwelling not found	<b>08</b>
Other (specify)	<b>95</b>

Outcome of second visit	
Completed	<b>01</b>
No household member at home or no competent respondent at home at time of visit	<b>02</b>
Refusal	<b>04</b>
Other (specify)	<b>95</b>

<b>Date:</b>	<b>Start time</b>	<b>End time</b>	<b>Main interviewee/respondent:</b>	<b>Informed</b>
--------------	-------------------	-----------------	-------------------------------------	-----------------

ddmmyyyy	hhmm	hhmm			consent given Yes = 1 No = 2
			Name	ID	

**Language details 1**

	Shona: 1	Ndebele: 2	English: 3	Other: 4 (specify)
Main language used by interviewer				

	Shona: 1	Ndebele: 2	English: 3	Other: 4 (specify)
Main language used by respondent				

	Yes: 1	No: 2
Did you use a translator for this interview		

**Interviewer details 1**

	Name	ID code	Date (ddmmyyyy)	Signature
Interviewer:				
Checked by:				
Data entered by:				

## **Introducing yourself and the purpose of the interview including the informed consent statement**

Good morning/afternoon (as may be appropriate). My name is **[Research Assistant Name]**. I am representing Nyasha Mayanga, who is the Principal Investigator in this study. The study is being done as part of Nyasha Mayanga's Doctoral studies with the University of South Africa (UNISA) under the supervision of Professor Vusi Gumede. We are investigating the social effects of the Harmonised Social Cash Transfer (HSCT) programme in your household and wider community. You are being asked to participate in the study because you have been identified as a beneficiary of the HSCT programme in this district, ward and area/village. We are interested in gathering your views about your experience with the programme and how it has shaped or influenced social relations in your community. We hope this study contributes to improving the way this programme is implemented not only in this area but throughout Zimbabwe. Many people are expected to participate in this study across two districts.

The answers and information you give will be completely confidential. Your personal contributions and views will not be shared with anyone else in a way that can identify you. It is important for you to understand that the answers and the information you give will in no way affect your status with respect to the HSCT programme. Please note that your participation in this study is voluntary and you don't have to participate if you don't want to. It will take about two hours to complete this survey. If you decide to participate, in order for me not to miss any aspects of our interview, I would appreciate it if you can allow me to write down the entire interview, only if that is fine with you. Please answer all questions truthfully.

It is possible that some of the questions may make you feel uncomfortable or cause you to be upset. You do not have to answer any question that makes you feel uncomfortable or may cause you to think about upsetting issues. You should feel free to interrupt me if you ever want to stop the interview at any time. You will not be penalised in any way for this decision. In a situation of potential adverse effects, I may suggest an appropriate referral to counselling service providers.

You will not be paid or compensated for participating in the survey. There are no costs associated with your participation in the survey other than your time. However, I expect that you may enjoy the experience of sharing your views about the HSCT programme. Do you have anything you want to ask me?

You may speak to Professor Vusi Gumede at TMALI if you have questions, or problems with the study. He is contactable on telephone number: 0027 123376155 and e-mail [gumedevt@unisa.ac.za](mailto:gumedevt@unisa.ac.za).

**Interviewer:** Ask respondents directly if they are willing to participate in the study. **Will you please give me some time to speak with you?** Only after they say YES, can you then proceed to obtain signature for informed consent.



**Informed consent:** I have been read or read to myself this entire statement in my own language. All my questions have been satisfactorily answered. I agree to participate in the study.

**Signature of interviewee:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Signature of guardian if respondent is under 18:** \_\_\_\_\_

**Signature of Researcher:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Photography

I seek your permission to take a few photographs of you, your home and its surroundings. We will use these photographs to assist us in construction of case studies, and recollection of events, places and respondents encountered during the course of the study. You and your family will not be named in these photographs. We will also not reveal the specific location. The answers and information you give will not be connected to your photograph. Would you be willing to have the photographs taken?

### Statement of consent to be photographed

I understand that photographs will be taken during the study, and:

I agree to have photographs taken of **me**. (Mark either "Yes" or "No")

Yes		No		Initial of researcher	
-----	--	----	--	-----------------------	--

I agree to have photographs taken of my **family**. (Mark either "Yes" or "No").

Yes		No		Initial of researcher	
-----	--	----	--	-----------------------	--

I agree to have photographs taken of my **home and home surroundings**. (Mark either "Yes" or "No").

Yes		No		Initial of researcher	
-----	--	----	--	-----------------------	--

## Section A: Household characteristics and roster

### NOTE

List all people who usually live in this household (given/first names only).

**Definition of a Household:** A group of people who live together and eat together. “Live together” means they live under the same roof. However, if one household member lives in a separate room or annexe that is close to the main house, and shares meals with the other members, he or she can be considered a member of the same household.

“Eat together” means they share food that is bought from a common household budget. It does not necessarily mean that they take their meals at the same time.

For the purposes of this household survey, a usual household member is **one who has been continuously living in a household for at least 6 months**. He or she may or may not be related to the other household members by blood or marriage, and may be a house helper or labourer. A usual household member normally lives together with other household members in one house or closely related premises and takes his or her meals from the same kitchen.

If a household member is continuously living ELSEWHERE for the majority of the year (more than 6 months e.g. someone abroad for studies), DO NOT include them in the roster.

Children of any age away from home on a temporary job or children 18 at boarding school are included as members of the household.

**Newly-born babies** are usual members of a household and should be included as usual members of that household.

**Newly married couples** are to be regarded as usual members of the households even if one or both of them has been in the household for less than 6 months.

Add up from household roster and record the total number of household members who are over 18 years of age, and also for those who are 18 years of age and younger who are members of this household. The total figure will give the size of each household.

## House characteristics

<p><b>Q1. In what type of main house do the members live? (observation only)</b></p> <ol style="list-style-type: none"> <li>1. = Separate house</li> <li>2. = Semi-detached house</li> <li>3. = Rooms/compound house</li> <li>4. = Room within a house</li> <li>5. = Several huts/buildings same compound</li> <li>6. = Several huts/buildings different compounds</li> <li>7. = Tent</li> <li>8. = Other (specify)</li> </ol> <div style="text-align: right; margin-top: 20px;"><input type="text"/></div>	<p><b>Q4. What is the construction material of most of the floor of this house?</b></p> <ol style="list-style-type: none"> <li>1. = Concrete/cement</li> <li>2. = Wood</li> <li>3. = Stone</li> <li>4. = Ceramic/marble tiles</li> <li>5. = Vinyl tiles</li> <li>6. = Earth/sand</li> <li>7. = Cane</li> <li>8. = Bamboo</li> <li>9. = Other (specify)</li> </ol> <div style="text-align: right; margin-top: 20px;"><input type="text"/></div>
<p><b>Q2. What is the construction material used for the majority of the exterior walls of the house?</b></p> <ol style="list-style-type: none"> <li>1. = Mud/mud bricks</li> <li>2. = Mud bricks with cement plastering</li> <li>3. = Brick and cement</li> <li>4. = Burnt bricks</li> <li>5. = Perimeter wall blocks/concrete blocks</li> <li>6. = Stone</li> <li>7. = Wood/bamboo</li> <li>8. = Metal sheet/asbestos</li> <li>9. = Cardboard</li> <li>10. = Thatch</li> <li>11. = Other (specify)</li> </ol> <div style="text-align: right; margin-top: 20px;"><input type="text"/></div>	<p><b>Q5. What is the primary source of water supply for this household?</b></p> <ol style="list-style-type: none"> <li>1. = Piped water system</li> <li>2. = Water vendor</li> <li>3. = Water truck/tanker service</li> <li>4. = Communal borehole</li> <li>5. = Protected well</li> <li>6. = Unprotected well</li> <li>7. = River or stream</li> <li>8. = Rain water/spring</li> <li>9. = Pipe in neighbouring household</li> </ol> <div style="text-align: right; margin-top: 20px;"><input type="text"/></div>
<p><b>Q3. What is the construction material of most of the roof of this house?</b></p> <ol style="list-style-type: none"> <li>1. = Corrugated iron sheet</li> <li>2. = Asbestos</li> <li>3. = Roofing tiles</li> <li>4. = Straw or thatch</li> <li>5. = Bamboo</li> <li>6. = Wood</li> <li>7. = Cement/concrete</li> </ol> <div style="text-align: right; margin-top: 20px;"><input type="text"/></div>	<p><b>Q6. How long does it take to go for drinking water and come back? Number of minutes.</b></p> <p>Code: 888 for water on premises Code 999 for 'Don't Know'</p> <div style="text-align: right; margin-top: 20px;"><input type="text"/></div>

8. = Other (specify)	
<b>Q7. What type of toilet is used by your household?</b> 1. = Pit latrine 2. = Flush toilet 3. = Public toilet 4. = Toilet in another house 5. = No toilet facility (bush) 6. = Other (specify)	<b>Q12. To whom do you pay rent?</b> 1. = Local authority (e.g. Local Board) 2. = Parents – land lords 3. = Friend – land lord 4. = Other (specify)
<b>Q8. What type of lighting does this household use?</b> 1. Electricity 2. Gas lamp 3. Candles/Torches(flash lights) 4. Solar energy 5. Generator 6. No light 7. Open fire 8. Other (specify)	<b>Q13. Do you pay rates for this dwelling?</b> 1. = Yes (>>>14a and 14b) 2. = No (>>>15)
<b>Q9. The house</b> 1. Is owned and completely paid for (>>>13) 2. Is owned with a mortgage (>>>13) 3. Is rented (>>>10, 11a, 11b, 12, 14a, 14b) 4. Is a squatter dwelling (>>>15) 5. Given in exchange for services (>>>13) 6. Belongs to the church (>>>13) 7. Other (specify) (>>>13)	<b>Q14a. To whom do you pay rates?</b> 1. = Local authority (e.g. Local Board) 2. = Land lord 3. = Other (specify)
<b>Q10. How much does the household pay in cash towards rent?</b>  Amount in USD  Time unit 1. = Weekly 2. = Monthly 3. = Quarterly 4. = Half yearly	<b>Q14b. How much do you pay towards rates?</b>  Amount in USD  Time unit 1. = Weekly 2. = Monthly 3. = Quarterly 4. = Half yearly 5. = Yearly

5. = Yearly											
<p><b>Q11a. Is part of the rent paid by someone who is not a member of the household?</b></p> <p>1. = Yes <input data-bbox="577 384 714 448" type="text"/></p> <p>2. = No &gt;&gt;&gt;12</p> <p><b>Q11b. How much does this person pay?</b></p> <p>Amount in USD <input data-bbox="398 564 524 628" type="text"/></p>	<p><b>Q15. Are there any other costs associated with this house that you pay?</b></p> <p>1. = Yes <input data-bbox="1496 400 1628 472" type="text"/></p> <p>2. = No (&gt;&gt;&gt;17)</p> <p><b>Q16. List the cost categories from Q15.</b></p>										
	<p><b>Q17. Does the house have access to the following?</b></p> <p><b>1 = Yes                      2 = No</b></p> <table border="1" data-bbox="1182 884 1888 1046"> <tr> <td>Fixed line telephone</td><td></td></tr> <tr> <td>Mobile phone</td><td></td></tr> <tr> <td>Personal computer</td><td></td></tr> <tr> <td>Internet</td><td></td></tr> <tr> <td>Digital Satellite Television (DSTV)</td><td></td></tr> </table>	Fixed line telephone		Mobile phone		Personal computer		Internet		Digital Satellite Television (DSTV)	
Fixed line telephone											
Mobile phone											
Personal computer											
Internet											
Digital Satellite Television (DSTV)											

House roster: See separate sheet for response codes

	Household members: ID code #											
	01	02	03	04	05	06	07	08	09	10	11	12
<b>Questions</b>												
1. Names of individuals in household [Use first names only].												
2. What sex is [Name]?												
3. Relationship to the head of household												
4. Marital status												
5. How old [Name]?												
6. What is [Name]'s date of birth?												
7. Interviewer: How did you determine date of birth in Q6												

## Household Roster:

**For adult household members (18 years and older): See laminated sheet for response codes**

		Household members: ID code #											
		01	02	03	04	05	06	07	08	09	10	11	12
<b>Questions</b>													
9. Does [NAME] have a National ID card?	<i>For adults 18 years and older</i>												
10. If not, why not?													
11. Education level													
12. What is [NAME]'s religion?	<i>For all household members</i>												
13. What kind of EMPLOYMENT (work that earns payment either in cash or kind) does [NAME] usually have?	<i>For adults 18 years and older</i>												
14. What was [NAME]'s													



main ACTIVITY in the last 2 months? (i.e. the activity that [NAME] spent the most time doing)													
15. Does [NAME] have permanent physical disability?	<i>For all household members</i>												
16. Does [NAME] suffer from a chronic illness (an illness that takes more than 3 months to recover)													

### House roster: New household members

List all NEW household members (including any previously listed and 'not listed' household members) who joined the household between 2012 and 2016.

**Q1: Did any new person join the household between 2012 and 2016?**

1 = Yes >>>>2, 3, 4, and 5

2 = No >>>**Section B**

	Household members: ID code #											
	1	2	3	4	5	6	7	8	9	10	11	12
<b>Questions</b>												
2. What is the person's first name?												
3. Why did [NAME] join this household?												
4. When did [NAME] join the household?												
5. Where did [NAME] move from?												

## Section B: HSCT Programme design, implementation and operational performance

### Introduction

This section is about the HSCT programme and seeks beneficiaries' views, experiences and perceptions of the HSCT's design, implementation and operational features.

For this section, I would like to speak to the person most knowledgeable about the Harmonised Cash Transfer (HSCT) programme (for example, the head of household identified in section A, or the registered cash recipient if it is not the head of the household).

		New ID Code of most knowledgeable household member about the HSCT programme, if it is not the intended respondent.	<b>N</b>			
	<b>Beneficiary targeting/selection</b>					
1.	Are you or any member of the household currently a beneficiary of the HSCT programme?	<b>1 = Yes</b> <b>2 = No</b> <b>Interviewer:</b> If 'NO' explain what the Harmonised Social Cash Transfer is to double-check the respondent's awareness.				
2.	Sex of the registered HSCT beneficiary or recipient.	<b>1 = Male    2 = Female</b>				
2a.	Ask to see the HSCT Programme ID of designated beneficiary or recipient.	<b>[Card seen?]</b> 1 = Yes 2 = No >> 2c				
2b.	Write down the Programme Card's ID number:	PID #				
	If the Programme Card is not available enter <b>"98"</b>					
	Probe why card is not available.	1 = Never issued    2 = Lost				
2c.	Who usually <b>collects</b> the payment from the HSCT payment point? <b>Note Programme ID of Person. If not</b>	<b>PID</b>				

	<b>member of the household, Enter "98"</b>						
3	Is your household still receiving payments from the HSCT programme?	1 = Yes >>>5 2 = No					
4.	Why are you NOT still receiving payments from the HSCT programme?	1 = Missed collection of payments on 3 consecutive occasions 2 = Voluntarily left the programme: didn't need it 3 = Voluntarily left the programme: programme didn't work properly 4 = Cash payments discontinued after programme officials found that I had been erroneously included as I do not meet selection criteria 5 = Enrolled in another social protection programme 6 = Other, specify _____ _____ _____ 98 = Don't know					
5.	Who do you think are eligible to receive the cash transfers?	<b>Response codes: 1 = Yes      2 = No</b>				<b>Yes</b>	<b>No</b>
		a) Very poor households – unable to meet their most urgent basic needs					
		b) House hold has no able-bodied member (18-59yrs) who is fit to productively work					
		c) Household has disabled or chronically ill member(s) who require regular and intensive care					
		d) House hold has old members					
		e) Household has individuals taking care of many orphans/children					
		f) Other (specify) _____ _____ _____ _____					
		98) Don't Know					
6.	Why do you think you were selected to receive the transfer?	<b>Response codes: 1 = Yes      2 = No</b>				<b>Yes</b>	<b>No</b>
		a) I am very poor – unable to meet the most urgent basic neds of my household					
		b) My household has no able-bodied member (18-59yrs) fit for work					
		c) I am disabled, or I have disabled/chronically ill member(s) in my household whom I look after					
		d) I am old					

		e) Take care of many orphans/children		
		f) Other (specify)		
		98) I do not know		
7.	Do you think <u>targeting/selection process</u> for the HSCT is fair?	<b>Response codes:</b> <b>1 = Yes</b> <b>2 = No</b>		
		<b>Probe reasons behind a NO response.</b>         		
8.	Do you think the <u>eligibility criteria</u> for the HSCT programme are clear?	<b>Response codes:</b> <b>1 = Yes</b> <b>2 = No</b>		
		<b>Probe reasons behind a NO response:</b>     		

9.	Do you think there are people who are very poor and need the HSCT programme but were wrongly excluded from the programme?	<b>Response codes:</b>	<b>1 = Yes</b>	<b>2 = No</b>
10.	Do you think there are people currently benefitting from the HSCT programme but do not need the cash transfers?	<b>Response codes:</b>	<b>1 = Yes</b>	<b>2 = No</b>
11.	<p>a) In your opinion how do you feel about being designated as an “HSCT beneficiary”?</p>  <p>b) Do you think the creation of categories “HSCT beneficiaries” and “non-beneficiaries” leads to social tensions, social divisions and/or conflicts in your community?</p> <p>1 = Yes      2 = No      <input type="checkbox"/></p> <p><b>Interviewer:</b> Probe reasons behind the tensions, divisions or conflicts?) Or: If there are no social problems, ask why this could be the case? <b>Interviewer:</b> <u>Be clear about your probes.</u></p>			

9.	Do you think there are people who are very poor and need the HSCT programme but were wrongly excluded from the programme?	<b>Response codes:</b>	<b>1 = Yes</b>	<b>2 = No</b>	
10.	Do you think there are people currently benefitting from the HSCT programme but do not need the cash transfers?	<b>Response codes:</b>	<b>1 = Yes</b>	<b>2 = No</b>	
11.	<p>a) In your opinion how do you feel about being designated as an “HSCT beneficiary”?</p>     <p>b) Do you think the creation of categories “HSCT beneficiaries” and “non-beneficiaries” leads to social tensions, social divisions and/or conflicts in your community?</p> <p>1 = Yes      2 = No      <input type="checkbox"/></p> <p><b>Interviewer:</b> Probe reasons behind the tensions, divisions or conflicts?) Or: If there are no social problems, ask why this could be the case? <b>Interviewer:</b> <u>Be clear about your probes.</u></p>				

Please tell me whether in general you agree or disagree with the following statements that relate to the HSCT. <b>Interviewer</b> – emphasise gravity of response codes to respondent.										
12.	HSCT beneficiaries and non-beneficiaries in my community get along with each other fine as before.	1 = Strong Agree    2 = Agree 3 = Disagree    4 = Strongly Disagree								
13.	Beneficiaries receiving HSCT payments have the right to receive the money. It is not a gift or loan, but an entitlement	1 = Strong Agree    2 = Agree 3 = Disagree    4 = Strongly Disagree								
14.	Beneficiaries who are receiving HSCT payments will continue to receive the payments until they are no longer eligible to receive the transfers (i.e. they are no longer labour-constrained and food poor).	1 = Strong Agree    2 = Agree 3 = Disagree    4 = Strongly Disagree								
<b>. HSCT payment systems and operations</b>										
15.	When was the last time your household received an HSCT payment?  List MONTH and YEAR numerically: MM—YYYY Enter “9999” in the YYYY boxes if respondent doesn’t know.	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								
16.	How much did you receive?  Enter “9999” if respondent does not know.	<b>Amount in United States Dollars</b>  <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								

17.	When do you expect to receive the next HSCT payment?	1 = In the next 2 months 2 = In the next 6 months 3 = In the next 12 months 4 = Greater than 12 months 5 = Never																
18.	How long in the future do you expect to continue receiving HSCT payments?	1 = 6 months      2 = 1 Year      3 = 2 years      4 = 5 years 5 = longer/for the rest of life																
19.	What method(s) of transport do you (or your representative) use to travel to and from the Payment Point to collect your HSCT payment?  <b>[INTERVIEWER CIRCLE ALL THAT APPLY]</b>	A = Walk	<b>A.</b>															
		B = Ox/donkey-drawn scotch cart	<b>B.</b>															
		C = Bus/Minibus/Kombi	<b>C.</b>															
		D = Bicycle	<b>D.</b>															
		E = Motor bike	<b>E.</b>															
		F = Car	<b>F.</b>															
		G = Boat/Canoe	<b>G.</b>															
		H = Wheel chair (manual/motorised)	<b>H.</b>															
		98 = Don't know/Can't say	<b>98.</b>															
	J = Other (specify)	<b>J.</b>																
20.	For your last HSCT payment, how much did you (or your representative) spend on transportation to travel from your house to the HSCT Payment point and back?  <b>Two-way total for going from household to payment point and back.</b>  <b>Enter "0" if None.</b>	Amount in United States Dollars  <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%; height: 30px;"></td> <td style="width: 15%; height: 30px;"></td> <td style="width: 15%; height: 30px;"></td> <td style="width: 15%; height: 30px; background-color: black;"></td> <td style="width: 15%; height: 30px;"></td> <td style="width: 15%; height: 30px;"></td> </tr> </table>																
21.	In general how long does it take you (or your representative) to travel from your household to the Payment point and back again?  <b>Interviewer: Note that this does not include time/days spent waiting at Payment point.</b>	<table style="width: 100%;"> <tr> <td style="text-align: center;">DAYS</td> <td style="text-align: center;">HOURS</td> <td style="text-align: center;">MINUTES</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%; height: 30px;"></td> <td style="width: 15%; height: 30px; background-color: black;"></td> <td style="width: 15%; height: 30px;"></td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%; height: 30px;"></td> <td style="width: 15%; height: 30px; background-color: black;"></td> <td style="width: 15%; height: 30px;"></td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%; height: 30px;"></td> <td style="width: 15%; height: 30px;"></td> <td style="width: 15%; height: 30px;"></td> </tr> </table> </td> </tr> </table>	DAYS	HOURS	MINUTES	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%; height: 30px;"></td> <td style="width: 15%; height: 30px; background-color: black;"></td> <td style="width: 15%; height: 30px;"></td> </tr> </table>				<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%; height: 30px;"></td> <td style="width: 15%; height: 30px; background-color: black;"></td> <td style="width: 15%; height: 30px;"></td> </tr> </table>				<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%; height: 30px;"></td> <td style="width: 15%; height: 30px;"></td> <td style="width: 15%; height: 30px;"></td> </tr> </table>				
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22.	How do you or your representative feel about the journey/trip to and from the HSCT payment point?	1 = easy 2 = very easy 3 = difficult 4 = very difficult	
23a.	When you or your representative travel to the HSCT Payment point, do you travel alone or you travel in the company of other household members, relatives, or friends from the same community?	1 = I travel alone 2 = I travel with other household members >>23b 3 = I travel with <b>other HSCT beneficiaries</b> from my village/neighbourhood 4 = I travel with <b>non-beneficiary neighbours/friends</b> from my village >>23b 98 = Can't say	
23b	<b>Interviewer:</b> Probe why they prefer to travel to the Payment point with someone. <b>Take down notes.</b>		
24.	In general, how long do you have to wait at the Payment point to get your HSCT money?	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">           DAYS  <input style="width: 50px; height: 20px;" type="text"/> </div> <div style="text-align: center;">           HOURS  <input style="width: 50px; height: 20px;" type="text"/> </div> <div style="text-align: center;">           MINUTES  <input style="width: 50px; height: 20px;" type="text"/> </div> </div>	
25a.	In general, have you made new friends at the HSCT Payment point?	<b>1 = Yes &gt;&gt;25b and 25c</b> <b>2 = No &gt;&gt;26</b>	
25b	Where are these friends from?	<b>(Interviewer: NB: <u>village</u> if it is Gorormonzi, and <u>area</u> if it is Epworth)</b>  1 = my village/area 2 = other villages/areas in my ward 3 = other wards in the districts 98 = Don't know/Can't say	

25c	<b>Interviewer:</b> Probe how they have benefitted from these new friendships and social connections? Take down notes.		
26.	For your last payment, how were you informed about the date and place of collection?	<p><b>Informed in public (in front of other community members) by:</b></p> <p>1 = Ward councillor  2 = Chief/Headman/Village Heads  3 = Child Protection Committee (CPC) members/CPC HSCT focal persons  4 = Another beneficiary  6 = A neighbour who is not a beneficiary  7 = Family member  8 = School teachers/Local clinic staff/Armed Officers</p> <p><b>Informed in private by</b></p> <p>9 = Ward councillor  10 = Chief/Headman  11 = Child Protection Committee (CPC) members/CPC HSCT focal persons  12 = Another beneficiary  13 = A neighbour who is not a beneficiary  14 = Family member</p>	

		15 = School teachers/Local clinic staff/Arax Officers 16 = I saw others going to collect HSCT payments 17 = Others (specify): _____ _____	
27a.	Did you think the way you were told when and where to collect your last payment was appropriate?	<b>1 = Yes&gt;&gt;28</b> <b>2 = No</b>	
27b	<b>Interviewer: Probe reasons for a NO answer.</b>		
28	Do you have a registered representative (proxy) that can collect your HSCT payment on your behalf if you are sick, injured or not able to collect the payment yourself?	<b>1 = Yes &gt;&gt;30, 31 and 32</b> <b>2 = No</b>	
29a.	Will you be willing to identify and designate a representative to collect the payment for you on your behalf?	<b>1 = Yes</b> <b>2 = No &gt;&gt;&gt;33</b>	
29b	Identify whom you want to designate.	1 = Family member/relative that lives in your household 2 = Family member/relative that lives outside of your household 3 = Friend/Neighbour who is not a beneficiary 4 = Another beneficiary 5 = Community elder/leader 6 = Chief/Government representative	

		7 = CPC member Other (specify): _____							
30.	What is your relationship to the representative (proxy) you have identified for the HSCT programme?	1 = Family member/relative that lives in your household 2 = Family member/relative that lives outside of your household 3 = Friend/Neighbour who is not a beneficiary 4 = Another beneficiary 5 = Community elder/leader 6 = Chief/Government representative 7 = CPC member 1. Other (specify): _____							
31.	Have you ever sent your representative to collect your HSCT payment from the Payment point?	1 = Yes 2 = No							
32.	The last time you sent your representative did you pay him/her to collect your payment from the HSCT Payment point?	1 = Yes, transport/accommodation costs only 2 = Yes, transport/accommodation costs and payment in cash or in-kind 3 = Yes, payment in cash or in-kind only 4 = No 98 = Don't know							
33.	Have you ever had to pay any money (cash or in-kind) to the Payment point staff when you went to collect your payment?	1 = Yes 2 = No 98 = Can't say							
34a.	Has anyone at the HSCT Payment point ever asked you for money (gift) before or after payment of the HSCT transfer?	1 = Yes <b>2 = No&gt;&gt;&gt;36</b>							
34b.	For the LAST time you had to pay any such monies (gifts) to the Payment point staff, how much did you have to pay?	Amount in US dollars <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>							
35.	In general, do you feel safe collecting your money from the HSCT Payment point and taking it back home?	1 = Yes 2 = No							
36.	In general, are you happy with the way you	1 = Yes							

	are treated by the Securico (HSCT payment delivery agent) staff when you go to collect your HSCT payment at the Payment point?	2 = No 98 = Don't know/Can't say	
37.	In general, are you happy with the way you are treated by staff from the Department of Social Services (DSS) when you go to collect your HSCT payment at the Payment point?	1 = Yes 2 = No 98 = Don't know/Can't say	
38a.	In general, are you happy with the way you are treated by CPC members/HSCT focal persons at community level before and when you go to collect your HSCT payment at the Payment point?	1 = Yes 2 = No 98 = Don't know/Can't say	
38b.	In the HSCT programme, what is your relationship like with the CPC members/HSCT focal persons that you interact with before, during and after each HSCT payment cycle? <b>Interviewer:</b> <i>Probe respondent's understanding and perceptions of the role of the CPC members in the HSCT programme. Ask what kind of assistance has respondent received from CPC members? How well do CPC members/HSCT focal persons discharge their duties?</i>		

39.	In general, do you think Securico (HSCT payment delivery agent) staff exhibit care, compassion and understanding (preferential treatment) towards the elderly, disabled, sick or children who come to collect their HSCT payments?	<b>Response codes:</b> 1 = Yes 2 = No	
40.	In general, do you think staff from the Department of Social Services exhibit care, compassion and understanding (preferential treatment) towards the elderly, disabled, sick or children who come to collect their HSCT payments?	<b>Response codes:</b> 1 = Yes 2 = No	
41a.	In general, over the last payment did the HSCT Payment point officers (both DSS and Securico staff) arrive at the HSCT Payment point on time?	1 = Yes >>>42a 2 = No 3 = Don't know/Can't say >>>42a	
41b.	<b>Interviewer:</b> Probe to find out how late they were and reasons for the delays (i.e. if beneficiaries were informed of the reasons for the late arrival?)		
42a.	Are you happy with the current HSCT payment method (physical cash delivery by Securico)?	1 = Yes >>>43a 2 = No	
42b.	<b>Interviewer:</b> Probe to find out why he/she is not happy about the payment method? Also ask what payment method the respondent would prefer instead of the physical cash delivery?		

43a.	Have you ever missed an HSCT payment?	<b>1 = Yes</b> <b>2 = No &gt;&gt;&gt;44a</b> <b>98 = Don't know/Can't say &gt;&gt;&gt;44a</b>	
43b.	After you missed a payment, did anyone follow up on you to understand why you have missed your payment?	<b>1 = Yes</b> <b>2 = No &gt;&gt;&gt;44</b> <b>98 = Don't know/Can't say &gt;&gt;&gt;44a</b>	
43c.	Who followed up on you?	1 = CPC member/HSCT ward focal person 2 = District Social Services (DSS) 3 = Another beneficiary 4 = Community leader	
44a.	Do other people in community know that you are receiving payments from the HSCT programme?	<b>1 = Yes &gt;&gt;&gt;45a</b> 2 = No <b>98 = Don't know/Can't say &gt;&gt;&gt;45a</b>	
44b.	Is it, or would it be a problem for you if others in the community know that you are receiving payments from the HSCT programme?	<b>1 = Yes</b> <b>2 = No &gt;&gt;45</b> <b>98 = Don't know/Can't say&gt;&gt;45</b>	
<b>44cde</b>	If yes, why would it be a problem if others know you are receiving payments from the HSCT programme?  <b>Interviewer: DO NOT READ PROMPT. LET THE RESPONDENT STATE THEIR CONCERN(S). IF MORE THAN ONE CONCERN IS SHARED, ASK THE RESPONDENT TO INDICATE NO MORE THAN THREE (3) AND TO RANK THEM IN ORDER OF IMPORTANCE.</b>  <b>IF FEWER THAN THREE RESPONSES ARE PROVIDED, ENTER "98" TO ANY</b>	1 = May be asked for money by others 2 = May be asked to care for other family members 3 = I will be embarrassed 4 = Concerned for my safety 5 = Jealousy 6 = Witchcraft 7 = Concerned I will be removed from other social support programmes 8 = May not get additional help in times of need 9 = I don't actually qualify to be a beneficiary in the HSCT programme  10 = Other (specify): _____  98 = Don't know/Can't say	44c. Most important
			44d. Second most important
			44e. Third most important

	<b>NON-RESPONSE CELLS.</b>		
45a.	For the LAST HSCT payment, did the HSCT programme staff (DSS Officers) do a pre-distribution speech at the payment points before payment commenced?	<b>1 = Yes</b> <b>2 = No &gt;&gt;&gt;46</b> 98 = Don't know/Can't say	
45b.	What topics or items were covered in the pre-distribution speech?  <b>Interviewer: List all that are applicable.</b>	1 = Purpose of the HSCT programme 2 = Targeting/selection criteria 3 = Volume of transfers 4 = Grievance handling procedures 5 = Advice to beneficiaries on use of cash transfer payments 6 = Child protection issues  6 = Other (specify): _____ _____	
46a.	In general, are you given an opportunity to ask questions or clarifications during or after the pre-distribution speech?	1 = Yes 2 = No 98 = Don't know/Can't say	
46b.	In general, are you happy with the range of topics covered in the pre-distribution speech?	1 = Yes 2 = No 98 = Don't know/Can't say	
46c.	What improvements to the pre-distribution speech would you suggest?		



47a.	In general, do beneficiaries of different genders (male and female) get along well with each other at HSCT Payment points?	1 = Yes 2 = No 98 = Don't know/Can't say	
47b.	<b>Interviewer:</b> If yes/no, probe why this may be case?		
48a.	In general, do beneficiaries of different generations (young and old) get along well with each other at HSCT payment points?	1 = Yes 2 = No 98 = Don't know/Can't say	
48b.	<b>Interviewer:</b> If yes/no, probe why this may be case?		
49.	List any other complementary services that you think should be provided at the HSCT Pay point but are currently not being provided?	<b>Interviewer: List services here.</b>	

50a.	Since you started receiving HSCT payments, have you been asked to care for other family members outside your original household?	1 = Yes 2 = No >>51a			
50b.	If yes, how many additional people do you care for?	<table border="1"> <tr> <td></td> <td></td> </tr> </table>			
	<b>Insert number: &gt;&gt;&gt;</b>				
51a.	Do families participating in the HSCT programme have to follow any conditions in order to continue receiving payments?	1 = Yes 2 = No >>>> proceed to next section on grievance system 98 = Don't know/Can't say >>>> proceed to next section on grievance system			
51b.	If yes, can you please list the conditions that you think HSCT households have to follow or comply with in order to continue receiving HSCT payments?	1 = Send children to school 2 = Attendance o health facility for immunisation 3 = Attendance to health facility for growth monitoring 4 = Attendance to health facility for Vitamin A supplement 5 = Buy food 6 = Provide adequate care for children 7 = Birth certificate for children 8 = Other (specify): _____ _____ _____	       		
51c.	How did you learn about the conditions of the HSCT that you have outlined above?	98 = Don't know 1 = HSCT programme officials (DSSO) 2 = CPC members 3 = At the HSCT Payment point 4 = Another beneficiary 5 = Community leaders (headman, village head or ward councillor) 6 = Other (specify): _____ _____ _____	       		
		98 = Don't know			

Grievance and complains systems: Interviewer – <b>introduce this new subsection as follows:</b> Now I am going to ask you questions about the HSCT's grievance and complaints mechanisms.			
1.	Are you aware of <b>how</b> to raise a grievance or complaint about problems with HSCT payments or other parts of the HSCT programme?	1 = Yes 2 = No	
2.	Are you aware of <b>to whom</b> you may raise a grievance or complaint with in the HSCT programme?	1 = Yes 2 = No	
3.	Have you ever contacted anyone?	1 = Yes 2 = No	
4.	For grievance and complaints about the HSCT programme, I have contacted:	1 = HSCT programme staff at Payment point Help Desk 2 = CPC focal persons 3 = DSS staff when they do their monitoring visits 4 = Deloitte staff who come to do payment verification surveys 5 = Community leaders (e.g. councillors, headman, village head) 6 = Other (specify) _____ _____ _____	1 <sup>st</sup>
			2 <sup>nd</sup>
			3 <sup>rd</sup>
5.	For what problem did you contact them to resolve?	1 = change management issues (e.g. when a representative cannot collect a payment because they are not a registered proxy in the MIS, name of recipient skipped on pay schedule, lost ID Card and changes to household structure). 2 = Missed previous payment(s) and asking to be paid outstanding payments 3 = Travel time 4 = Problems with getting informed of payments 5 = Fraud/Bribes 6 = Unhappy with treatment from Securico Payment point staff 7 = Unhappy with treatment from DSS staff 8 = Transfer size 9 = Other (specify): _____ _____ _____	

6.	Was your complaint or query officially registered on a form and were you given a serial reference number to ensure follow up and case resolution?	1 = Yes 2 = No	
7.	Are you confident that if you raised a grievance through the HSCT Help Desk at Payment point, it would be addressed properly and to your satisfaction?	1 = Yes 2 = No	
<b>Now I am going to read you two statements (#8 and #9) related to the HSCT grievance and complaints system. Please tell me whether you agree or disagree with the following statements. Interviewer: emphasise gravity of each response code.</b>			
8.	Complaints are addressed and feedback provided by DSS staff.	1 = Strong Agree 2 = Agree 3 = Neither agree nor disagree 4 = Disagree 5 = Strongly Disagree	
9.	There are sufficient DSS staff members at the Payment Point Help Desk dedicated to complaints handling.	1 = Strong Agree 2 = Agree 3 = Neither agree nor disagree 4 = Disagree 5 = Strongly Disagree	
10.	Is grievance escalation pathway is clear to HSCT beneficiaries.	1 = Yes 2 = No 98 = Don't know/Can't say	
11.	Do you think there is privacy at the Help Desk (i.e. beneficiaries feel comfortable raising their queries with no other people present).	1 = Yes 2 = No	
12.	Beneficiaries are protected from potential negative repercussions through confidential handling of sensitive complaints.	1 = Yes 2 = No	
13.	Beneficiaries are willing to complain (not afraid, do not see as futile).	1 = Yes 2 = No	
<b>Transfer size, frequency and use of cash</b>			
1.	The cash transfer amount that I receive is adequate to meet the needs of my household.	<b>1 = Yes &gt;&gt;&gt;4a</b> 2 = No	
2.	<b>Interviewer:</b> Probe. If no, explain why?		

3.	What would you suggest would be an appropriate level of the cash transfer per cycle?	Amount in US dollars <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							
4a.	In this household, who generally decides how the payment from the HSCT programme is used?  <b>INTERVIEWER: WRITE DOWN THE NAME OF THE MAIN DECISION MAKER. STATE THEIR ID CODE FROM THE HOUSEHOLD ROSTER.</b>	----- Name of main decision maker  <table border="1"> <tr> <td>HHMID</td> <td></td> <td></td> <td></td> </tr> </table>			HHMID				
HHMID									
4b.	<b>Interviewer: Refer to the name of the main decision maker provided in Q4 above.</b>  In general, who does <b>[NAME]</b> consult with when deciding how to use the payment from the HSCT programme?	1 = Alone 2 = In consultation with other adult family members 3 = In consultation with children 4 = In consultation with ALL family members 5 = In consultation with someone else in the community 98 = Don't know							
5.	In general, can you tell me who in your household benefits from the payments of the HSCT programme?	1 = All household members 2 = Adults(s) only 3 = Children only (OVC and non-OVC) 4 = OVCs only 5 = Other (specify): _____ _____							
6.	In general, list the <b>main things</b> that the	1 = Food and nutrition							

	<p>payment from the HSCT programme is used for. List up to 3.</p> <p><b>Interviewer: Circle all that apply. Do not prompt or give them examples for them to mention.</b></p>	<p>2 = Formal government education (fees, text books and uniforms etc)  3 = Other education (nursery, other religious school)  4 = Health care  5 = Shelter/accommodation/rent  6 = Clothing/shoes (does not include school uniforms)  7 = Savings  8 = Investment  9 = Formal social functions/events such as weddings/funerals  10 = Membership fees for social networks/Associations  11 = Small businesses  12 = Other spending (Specify): _____  98 = Don't know/Can't say</p>	
7a.	Has the cash transfer changed the relationship between men and women within your household?	<p>1 = Yes  <b>2 = No &gt;&gt;&gt;&gt;8</b>  <b>98 = Don't know/Can't say &gt;&gt;&gt;&gt;8</b></p>	
7b.	<b>Interviewer: If yes, how and why?</b>		
8.	During the past 12 months, has any member of your household provided money or goods, including clothing, food, livestock or medicines to persons who are not members of your household? For example to relatives,	<p>1 = Yes  2 = No</p>	

	friends or neighbours?		
9.	The HSCT transfers have helped me to live better	1 = Yes 2 = No 98 = Don't know/Can't say	
10.	The HSCT transfers make it easier for me to look after my family.	1 = Yes 2 = No 98 = Don't know/Can't say	
11a.	Are you happy with the frequency of HSCT payments (i.e. after every 2 months)?	<b>1 = Yes &gt;&gt;&gt; 11d</b> 2 = No 3 = Don't know/Can't say	
11b.	<b>Interviewer: Probe why if answer is No:</b>		
11c.	What would be your preferred frequency of HSCT payments and why?		
11d.	Did the Ministry (DSS Officers) explain to you the reasons behind a bimonthly pay cycle?	1 = Yes 2 = No 3 = Don't know/Can't say	
<b>GENERAL QUESTIONS ABOUT THE WHOLE HSCT PROGRAMME</b>			
1.	<i>What would you like the Department of Social Services (DSS) to change to make HSCT a better programme? What improvements if any do you suggest should be made to the current design and implementation features of the programme?</i>		

2.	<p><b>Interviewer: check which themes the respondent's comments relate to:</b></p> <ul style="list-style-type: none"> <li>1 = Targeting</li> <li>2 = Payment method</li> <li>3 = Transfer size</li> <li>4 = Payment point</li> <li>5 = Frequency and predictability of payments</li> <li>6 = Programme communications</li> <li>6 = Programme governance</li> <li>7 = Community involvement in the HSCT programme</li> <li>8 = Grievance and complaints mechanisms</li> <li>9 = Exit and graduation from the HSCT programme</li> <li>10 = Change management</li> <li>11 = Other (specify):</li> </ul>
<p><b>CREDIT: I am now going to ask you any type of loan (credit) owed by your household. [Interviewer: Note that any credit is considered as a loan in this section].</b></p>	



1a.	Does your household still owe money for any loan/credit you contracted before you started receiving HSCT payments?	<b>1 = Yes</b> <b>2 = No &gt;&gt;2</b> <b>3 = N/A &gt;&gt;2</b>							
1b.	How much does your household still owe?	Amount in United States Dollars  <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>							
2.	In the last year did you or anyone in your household borrow money from any person or institution? <b>[Excluding purchase on credit]</b>  <b>[Report only the largest loan in cases where a household borrowed more than once]</b>	<b>1 = Yes &gt;&gt;6a</b> 2 = No							
3.	In the last year did you or anyone in your household apply for a loan?	1 = Yes <b>2 = No &gt;&gt;5a</b>							
4.	Why did you not obtain the loan?  <b>[Interviewer: Ask for most important reason]</b>	1 = Project not profitable 2 = Inadequate collateral 3 = Bad credit history 4 = Owe too much 5 = Other (specify): _____ _____  <b>&gt;&gt;[INTERVIEWER: GO TO QUESTION 7]</b>							
5a.	Would someone lend to you or anyone in your household if you applied?	1 = Yes 2 = No							
5b.	<b>Interviewer: Find out why for either a Yes or No answer. Take down notes.</b>								

	>>[GO TO QUESTION 7]					
6a.	Who in the household received the loan?  [Interviewer: please report the Household roster ID]	Household member ID  <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> </tr> </table>				
6b.	Who provided the loan?	1 = Relative 2 = Neighbour 3 = Grocery/local merchant 4 = Money lender 5 = Employer 6 = Church 7 = Bank 8 = Micro-finance institution 9 = Community leader 10 = CPC member Other (specify): _____				
6c.	What was the loan used for?	1 = Farm activity 2 = Off-farm business activity 3 = Education 4 = Consumption 5 = Buy or improve land/building/equipment 6 = Health 7 = Other (specify): _____				
<b>Purchases on credit</b>						
7.	In the last 12 months, has anyone in your household purchased food or other goods on credit?	<b>1 = Yes &gt;&gt;11</b> 2 = No				
8a.	In the last 12 months, has anyone in your	1 = Yes				

8b.	household asked to purchase on credit and been denied?	<b>2 = No &gt;&gt;10a</b>								
	Why were you denied?  <b>[Interviewer: Ask for most important reason]</b>	1 = Inadequate collateral 2 = Bad credit history 3 = Owe too much 4 = Other (specify): _____ _____  <b>[&gt;&gt;&gt;&gt;Interviewer: Go to next section on REMITTANCES &amp; TRANSFERS]</b>								
10a.	Could you purchase on credit if you asked?	1 = Yes 2 = No								
10b.	<b>Interviewer: Find out why for either a Yes or No answer. Take down notes.</b>									
11.	For the last time a credit purchase was obtained, how much did your household purchase on credit?	Amount in US Dollars <table border="1" data-bbox="862 986 1630 1056"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								
<b>Remittances and transfers</b>										
12	During the past 12 months, has any member of your household received money or gifts, goods, including food, clothing, livestock or	<b>1 = Yes</b> <b>2 = No &gt;&gt;13</b>								

	<p>medicines from persons who are not members of your household? For example from relatives, friends or neighbours or NGOs?</p> <p><b>[Interviewer: NB: THIS SHOULD NOT INCLUDE HSCT CASH TRANSFERS]</b></p>			
	<p><b>12a. What are the names of the persons or organisations from which household members have received assistance during the past 12 months?</b></p>	<p><b>12b. Relationship to household</b>  1 = <i>Friend</i>  2 = <i>Neighbour</i>  3 = <i>Relative</i>  4 = <i>NGO</i>  5 = <i>Government aid</i>  6 = <i>Church</i>  7 = <i>Other (specify):</i></p>	<p><b>12c. How much money have members of the household received from [...] in the past 12 months?</b></p> <p><b>US Dollars</b></p>	<p><b>12d. What is the approximate value in cash of food or other goods received in the past 12 months?</b></p> <p><b>US Dollars</b></p>
i.				
ii.				
iii.				
iv.				
v.				
13.	<p>During the past 12 months, has any member of your household provided money or gifts, goods, including clothing, food, livestock, or medicines, to persons who are not members of your household? For examples to relatives, friends or neighbours?</p>	<p><b>1 = Yes</b>  <b>2 = No &gt;&gt; go to next section on social capital</b></p>		
	<p><b>13a. Names of recipients of assistance in the past 12 months.</b></p>	<p><b>13b. Relationship to household head</b>   [Use same codes as in HH roster]</p>	<p><b>13c. How much money was given to [...] in the past 12 months?</b></p> <p><b>US Dollars</b></p>	<p><b>13d. What is the approximate value in cash of goods given to [...]?</b></p> <p><b>US Dollars</b></p>
1.				

2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

## Section C: Social Capital

### Structural social capital

1. *Now I would like to ask you some questions about groups or organisations, social networks or membership associations to which you or any member of your household belong. These could be formally organised groups or informal groups of people who get together regularly to do an activity or talk about different things. As I read the following list of groups, social networks or membership associations, please tell me if anyone in this household belongs to such a group. Are there any other groups or informal associations that you or someone in your household belongs to? If the household is not a member in any group or association go to Question 22.*

1=YES 2=NO		<b>Name of organisation:</b>  <b>Type of organisation:</b> 1 = Internal Savings and Lending Group (ISL – Mukando can include money or in-kind e.g. groceries) 2 = Religious or spiritual group (e.g. church, mosque, temple, religious study group). 3 = Youth group 4 = Sports group 5 = Burial society 6 = Cultural group or association (e.g. arts, music, theatre, film) 7 = Education group (e.g. school development committee, parent-teacher association). 8 = Health group (e.g. First Aid club) 9 = Child Protection Committee (WCPC) 10 = Neighbourhood/Village Committee 11 = Traders or Business Association 12 = Farmer/Fishermen's group or Cooperative 13 = Women's Group 14 = Water/Waste management 16 = Community Development Committee 17 = Traditional Healers Association 18 = CBO or civic group (e.g. Rotary club, Red Cross) 19 = Professional Association (doctors, teachers, nurses)	<b>Degree of participation</b> <i>(Do you consider yourself/household member to be active in the group, such as by attending meetings or volunteering your time in other ways, or you are relatively inactive? Are you/household member a leader in the group?)</i>  1 = leader 2 = Very active 3 = Somewhat active 4 = Not active
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			20 = Trade Union or Labour Union	
2a.	Compared to 4 years ago (before you were selected as a beneficiary to receive HSCT cash transfers), do members of your household participate in <b>more or fewer</b> groups or organisations?	1 = More 2 = Fewer 3 = <b>Same number &gt;&gt;&gt;3</b>		
2b	<b>Interviewer: Probe:</b> How has your participation in the HSCT programme led to you or household member to participate in more [or fewer] (choose one that is applicable based on answer to Q2 above)?			
3.	Of all the groups to which members of your household belong; which 2 are the most important to your household?	Group 1: name of group >>		Code type of Org: [    ]
Group 2: name of group >>		Code type of Org: [    ]		
4.	When did you or household member actually join these	Group 1: name of group >>		YYYY:
Group 2: name of group >>		YYYY:		

	groups/networks/associations?																			
5.	What is the <b>main</b> benefit from joining this group?	1 = Improves my household's current livelihood or access to services 2 = Important in times of emergency/in future 3 = Benefits the community 4 = Enjoyment/recreation 5 = Spiritual, social status, self esteem 6 = Other (specify): _____ _____	<b>Group 1: (Enter benefit code in the next cell)</b>																	
			<b>Group 2: (Enter benefit code in the next cell)</b>																	
6.	How does one become a member of this group/association?	1 = Invited 2 = Voluntary choice 3 = Born into the group 4 = Required to join 5 = Other (specify): _____		<b>Group 1:</b>																
				<b>Group 2:</b>																
7.	How many times in the past 12 months did anyone in this household participate in this group/association's activities e.g. by attending meetings or doing group work?	<b>Group 1: (Enter number of times in the next cell).</b>																		
		<b>Group 2: (Enter number of times in the next cell).</b>																		
8.	How much money or goods did your household contribute to this group in the past 12 months?	<b>Group 1: (Amount in US Dollars): &gt;&gt;&gt;&gt;&gt;&gt;&gt;</b>		<b>USD:</b>																
		<b>Group 2: (Amount in US Dollars): &gt;&gt;&gt;&gt;&gt;&gt;&gt;</b>		<b>USD:</b>																
9.	How many days of work/labour did your household contribute to this group in the past 12 months?	<b>Group 1: (Number of days): &gt;&gt;&gt;&gt;&gt;&gt;&gt;</b>																		
		<b>Group 2: (Number of days): &gt;&gt;&gt;&gt;&gt;&gt;&gt;</b>																		
10.	Does the group/association help your household get access to any of the following services?	1 = Yes  2 = No	<table border="1"> <thead> <tr> <th></th> <th>Group 1</th> <th>Group 2</th> </tr> </thead> <tbody> <tr> <td>A. Credit or Savings</td> <td></td> <td></td> </tr> <tr> <td>B. Health services</td> <td></td> <td></td> </tr> <tr> <td>C. Water supply and sanitation</td> <td></td> <td></td> </tr> <tr> <td>D. Agriculture input, services or</td> <td></td> <td></td> </tr> </tbody> </table>		Group 1	Group 2	A. Credit or Savings			B. Health services			C. Water supply and sanitation			D. Agriculture input, services or				
	Group 1	Group 2																		
A. Credit or Savings																				
B. Health services																				
C. Water supply and sanitation																				
D. Agriculture input, services or																				



			technology		
			E. Irrigation		
			F. Education		
			G. Business Development and Training		
			H. Vocational skills training		
			I. HIV/AIDS and Counselling Services		
			J. Land/Housing		
			K. Other (specify): _____ _____		
11a.	Thinking about the members of this group, are group members mostly of the same...	1 = Yes 2 = No		<b>Group 1</b>	<b>Group 2</b>
			A. Neighbourhood/Village/Ward		
			B. Family or Kin group		
			C. Religion		
			D. Gender		
			E. Age Group		
			F. Ethnic or linguistic group/tribe		
11b.	Do members mostly have the same...	1 = Yes 2 = No		<b>Group 1</b>	<b>Group 2</b>
			Occupation		
			Education background or level		
11c.	Are some members richer or poorer than others, or do they all have mostly the same income level?	1 = Mostly same income level 2 = Mixed rich/poor		<b>Group 1</b>	<b>Group 2</b>
11d.	Are group members mostly HSCT beneficiaries?	1 = Yes 2 = No		<b>Group 1</b>	<b>Group 2</b>
12.	Following the introduction of the HSCT programme in your community/ward in 2012, has membership in the group declined, remained the same, or increased?	1 = Declined 2 = Remained the same 3 = Increased		<b>Group 1</b>	<b>Group 2</b>
13.	Overall, are the same people	1 = Little overlap			

	members of these two different groups or is there little overlap in membership?	2 = Some overlap 3 = Much overlap		
14.	How does the group usually make decisions?		<b>Group 1</b>	<b>Group 2</b>
	1. The leader decides and informs other group members			
	2. The leader asks group members what they think and then decides			
	3. The group members hold a discussion and decide together			
	4. Decision is imposed from outside			
	5. Other (specify):			
15.	How are leaders in this group selected?		<b>Group 1</b>	<b>Group 2</b>
	1. By an outside person or entity			
	2. Each leader chooses his/her successor			
	3. By rotation (all members have a chance to lead group)			
	4. By a small group of members			
	5. By decision/vote of all members			
	6. Other (specify):			
16.	Does this group work or interact with other groups with similar goals <b>in</b> the village/neighbourhood/ward?		<b>Group 1</b>	<b>Group 2</b>
	1 = No			
	2 = Yes, occasionally			
	3 = Yes, frequently			
17.	Does this group work or interact with other groups with similar goals <b>outside</b> the ward?		<b>Group 1</b>	<b>Group 2</b>
	1 = No			
	2 = Yes, occasionally			
	3 = Yes, frequently			
18.	What is the most source of funding of this group?		<b>Group 1</b>	<b>Group 2</b>
	1. From member's subscriptions/dues			
	2. Other sources within the community			
	3. Sources outside the community			

19a.	Are there any new membership groups or associations that were formed directly as a result of the introduction of the HSCT programme in your community?	<b>1 = Yes</b> <b>2 = No &gt;&gt;&gt;next section</b>				
19b.	If yes, can you name the groups/associations and what their goals are?	Name of group/association: _____ Goals/objectives of group/association: _____ _____ _____ _____ _____				
<b>Social networks, sources of support and shocks</b>						
20a.	How many close friends do you have these days? These are people you feel at ease with, can talk to about private matters, or call on for help?	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>				
20b.	Are these close friends mostly...	1 = Other HSCT beneficiaries 2 = Non-HSCT beneficiaries				
<p><i><b>In our everyday lives there are personal and family situations or problems that we must deal with. I am going to read you some situations in which one might need support and assistance. Please consider each statement in light of your own situation, thinking back over the past 12 months. I would like you to think of all the sources of support you might have in that situation. You may select more than one source of support (person/individual) if there is more than one source of help you can count on.</b></i></p> <p><i><b>Interviewer: Mark 1 = Yes for all that apply. If the respondent does not mention the source, put "98" [Don't know/can't say].</b></i></p>						
		<b>Q21.</b>	<b>Q22.</b>	<b>Q23.</b>	<b>Q24.</b>	<b>Q25.</b>
	<b>Source of support</b> <b>[Interviewer: DO NOT READ]:</b>	If you were to experience urgent needs, who would you turn to?	If you needed help for an extended period of time caring for sick or disabled	If you were having financial problems, who would you turn to for help?	If you felt lonely, who would you turn to?	If you were sick and not able to carry out your usual activities for a week or so, who would you turn to for help?

			family member, who would you turn to?			
	A. Spouse/Partner					
	B. Other family members (inside household)					
	C. Other family members (outside household)					
	D. Friend/neighbour					
	E. Spiritual leader (priest/traditional healer)					
	F. Health care worker					
	G. Ward Child Protection Committee Members or Community Child Care Workers (WCPC or CCCWs)					
	H. Teacher or other Education Professional					
	I. Community leader (e.g. chief, headman, or village head)					
	J. Local government member (e.g. ward councillor).					
	K. District Social Welfare and Social Services Departments					
	L. Member of CBO/NGO					
	M. No one is available					
	N. No one (I prefer to handle it alone)					
	O. Other (Specify):					
26a.	In the last 4 years has there	1 = Yes	A. Drought/Flood			

	<p>been any unexpected/emergencies [shocks] that affected your household and made it difficult to meet the household's basic needs?</p> <p><b>[Interviewer: Prompt the respondent to tell you the "story" of events. While he or she is telling you the story, record any events mentioned in the next column].</b></p> <p><b>[If a given shock/emergency occurred more than once, ask about most recent.]</b></p>	<b>2 = No</b>	B. Loss of access to land, water or other natural resources for production	
			C. Severe water shortages (well/borehole dried)	
			D. Loss of productive assets (tools, machinery etc)	
			E. Displacement	
			F. Livestock deaths	
			G. Livestock theft	
			H. Inability to pay debts	
			I. Break-up of household	
			J. Death of bread winner in household	
			K. Incapacitation (disability or handicap visiting the household) of breadwinner	
			L. Bread winner left household	
			M. High food costs	
			N. High agricultural input prices	
			O. Large expenditure due to ill-health, chronic/severe illness, accident or death – including funeral, hospitalisation, medical treatment (sickness that has taken more than 3 months to recover)	
			P. End of regular assistance, aid or remittances from outside household	
			Q. Jailed	
			R. Dwelling damaged, destroyed, burglary	
			S. Birth in household	
			T. Business failure	
			U. Crop failure	
			V. Crop theft	
			W. Crop damage when stored	
			X. Large expenditure on social obligations	
			Y. Accident	
26b.	What did your household do in response to this shock/emergency to try to	<b>Shock</b>	<b>Coping strategies codes</b>	<b>Code #</b>
		A.	1. Relied on own savings	
		B.	2. Received unconditional help from relatives/friends	

<div>regain your former welfare level?</div> <div>[Interviewer: Use coping strategies codes e.g. 1 = relied on savings; 17 = sold livestock].</div>	C.	3.	Received unconditional help from government		
	D.	4.	Received unconditional help from NGO/Religious institution		
	E.	5.	Changed eating/dietary patterns		
	F.	6.	Employed members of the household took on more employment		
	G.	7.	Adult HH member(s) who were not working had to find a job		
	H.	8.	Household members migrated		
	I.	9.	Reduced expenditure on health/education		
	J.	10.	Obtained credit		
	K.	11.	Sold durable assets		
	L.	12.	Sold crop stocks		
	M.	13.	Sold agricultural assets		
	N.	14.	Sold land/building		
	O.	15.	Intensified fishing		
	P.	16.	Engaged in spiritual efforts		
	Q.	17.	Sold livestock		
	R.	18.	Sent children to live elsewhere		
	S.	19.	Intensified gardening		
	T.	20.	Did not do anything		
	U.	21.	Other (specify)		
	Exclusion:				
	27a.	<div>Differences often exist between people living in the same ward/village/neighbourhood. To what extent do differences such as the following tend to <b>divide</b> people in your ward/village/neighbourhood?</div> <div>Interviewer: use codes: 1, 2 or 3 as appropriate].</div>	<div>1 = Very much</div> <div>2 = Somewhat</div> <div>3 = Not at all</div>	a.	Differences in education
b.				Differences between men and women	
c.				Differences between younger and older generation	
d.				Differences between HSCT and non-HSCT beneficiaries	
e.				Differences in religious beliefs	
f.				Differences between long-time inhabitants and new settlers	
g.				Differences in ethnic backgrounds	
h.				Differences in social status	

			i. Differences in wealth/material possessions	
27b.	Do these differences cause problems?	1 = Yes 2 = No>>>28a		
27c.	How are these problems usually handled?	1 = Yes  2 = No	a. People work it between themselves b. Family/household members intervene c. Neighbours intervene d. WCPC/CCCW members mediate e. Community leaders mediate f. Religious leaders mediate g. Other (specify):	
27d.	Do such problems ever lead to violence?	1 = Yes  2 = No		
28a.	Are there any services where you or members of your household are occasionally denied services or have only limited opportunities to use?	1 = Yes  2 = No	a. Education/schools b. Health services and clinics c. Housing assistance d. Job training/employment e. Credit/finance f. Transportation g. Water distribution h. Sanitation services i. Agricultural extension services j. Other (specify):	
28b.	Do you think that there are other households in this community that have such access problems?	1 = Yes  2 = No		
28c.	What are the reasons or criteria why some people are excluded from these services?	1 = Yes  2 = No	a. Age b. Gender c. Religious beliefs	

			d. Participation in the HSCT programme	
			e. Religious beliefs	
			f. Lack of education	
			g. Income level	
			h. Social status (class etc)	
			i. Race/tribe/ethnicity	
			j. Language	
			k. Being disabled/handicapped	
			l. Other (specify):	
<b>Collective action and cooperation</b>				
29a.	In the past 12 months, have you worked with others in your village/neighbourhood/ward to do something for the benefit of the community?	1 = Yes 2 = No>>>30		
29b.	What were the 3 main activities in the past 12 months? Was participation in these activities voluntary or required?		<b>Voluntary</b>	<b>Required</b>
		<b>Activity 1:</b>		
		<b>Activity 2:</b>		
		<b>Activity 3:</b>		
30.	In general, do most HSCT beneficiaries participate in community activities?	1 = Yes 2 = No 98 = Don't know/can't say		
31.	In general, do most non-HSCT beneficiaries participate in community activities?	1 = Yes 2 = No 98 = Don't know/can't say		
32.	Suppose something unfortunate happened to someone in the village/neighbourhood/community, such as a serious illness, or the death of a parent. How likely is it that some people in the community would get together to help them?	1 = Very likely 2 = Somewhat likely 3 = Neither likely nor unlikely 4 = Somewhat unlikely 5 = Very unlikely		



33.	If there was a water supply problem in this community, how likely is it that people in your community/village/neighbourhood would cooperate to solve the problem?	1 = Very likely 2 = Somewhat likely 3 = Neither likely nor unlikely 4 = Somewhat unlikely 5 = Very unlikely	
34.	How likely is it that people who do not participate in community activities will be criticised or sanctioned?	1 = Very likely 2 = Somewhat likely 3 = Neither likely nor unlikely 4 = Somewhat unlikely 5 = Very unlikely	
35.	How much influence do you think the HSCT programme can have in making this village/community/neighbourhood/ward a better place to live?	1 = A lot 2 = Some 3 = Not very much 4 = None	
<b>HSCT beneficiaries' civic participation</b>			
36a.	Which of the following community events do you usually participate in, in your district/ward/village?	1 = Farmer field days 2 = Agricultural shows 3 = Traditional functions (e.g. Rain making ceremonies, bira) 4 = Funerals 5 = Independence Day Commemorations 6 = Sports 7 = Memorial services (nyaradzo) 8 = Other (specify)	
36b.	Why are these important events important to you?	1 = Rain making and agricultural information 2 = Political information update 3 = Social interaction and cooperation 4 = Grieving together 5 = Sharing of ideas and information 6 = Upholding culture 7 = Physical fitness 8 = Other (specify):	

COGNITIVE SOCIAL CAPITAL				
<b>Trust and solidarity:</b> <i>In every community, some people get along with others, and trust each other, while other people do not. Now I would like to talk to you about trust and solidarity in your community.</i>				
1.	Generally speaking, would you say that most people can be trusted, or that you can't be too careful in your dealings with other people?	1 = Most people can be trusted  2 = You can't be too careful		
2.	In general, do you agree or disagree with the following statements?	1 = Strongly agree 2 = Somewhat agree 3 = Neither agree nor disagree 4 = Somewhat disagree 5 = Strongly disagree  <b>Interviewer: Emphasise gravity of each response code.</b>	A. Most people who live in this ward/village/neighbourhood can be trusted	
			B. In this ward/village/neighbourhood, one has to be alert or someone is likely to take advantage of you	
			C. Most people in this ward/village/neighbourhood are willing to help if you need it	
			D. In this ward/village/neighbourhood, people generally do not trust each other in matter of lending and borrowing.	
3a.	Now I want to ask you how much you trust different types of people. <b>On a scale of 1 to 5, where 1 means a very small extent and 5 means a very great extent, how much do you trust the people in that category?</b>	1 = To a very small extent 2 = To a small extent 3 = Neither small nor great extent 4 = To a great extent 5 = To a very great extent	A. HSCT beneficiaries	
			B. Non-HSCT beneficiaries	
			C. Shop-keepers	
			D. Local government officials (e.g. District Officials, ward councillors)	
			E. Police	
			F. Teachers	
			G. Nurses and doctors	
			H. Strangers	
			I. People from your ethnic/tribal/linguistic/race	
			J. People from other	

			ethnic/tribal/linguistic/race	
3b.	Interviewer: Probe reasons why they trust or do not trust people in different categories.	Category	Reason for not trusting	Reason for trusting
		1. HSCT beneficiaries		
		2. Non-HSCT beneficiaries		
		3. Shop-keepers		
		4. Local government officials (e.g. District Officials, ward councillors)		

		5. Police		
		6. Teachers		
		7. Nurses and doctors		
		8. Strangers		

		9. People from your ethnic/tribal/linguistic/race		
4.	Do you think that over the last 4 years (since the introduction of the HSCT programme), the level of trust in this ward/village/neighbourhood has got better, worse or stayed about the same?	1 = Got better 2 = Got worse 3 = Stayed about the same		
5.	If you suddenly had to go away for a day or two, could you count on our neighbours to take care of your children or grandchildren?	1 = Definitely 2 = Probably 3 = Probably not 4 = Definitely not		
6.	How well do people in your ward/village/neighbourhood help each other out these days? Use a five point scale, where 1 means always helping and 5 means never helping.	1 = Always helping 2 = Helping most of the time 3 = Helping sometimes 4 = Rarely helping 5 = Never helping		
7.	If a community project does not directly benefit you, but has benefits for many others in the ward/village/neighbourhood,	A1 = Will contribute time A2 = Will not contribute time B1 = Will contribute money B2 = Will not contribute money		

	would you contribute time or money to the project?	C1 = Will contribute both time and money C2 = Will contribute neither time nor money (no contribution at all).	
<b>Now I am going to read you some statements with which some people agree and others disagree. Tell me on a scale of 1 to 5 if you agree or not with the statement.</b>			
8.	I spent time with others who have the same interests that I do.	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	
9.	Others let me know that they enjoy working with me (e.g. in the field etc).	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	
10.	Among my group of friends we do favours for each other.	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	
11.	I have relatives or friends that will help me out even if I can't pay them back.	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	
12.	I know that others appreciate me as a person.	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	
13.	I have people to share social events and fun activities with.	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	

14.	I have a sense of being needed by another person.	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	
15.	The HSCT programme makes me no more inferior than others.	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	
16.	The HSCT is something that I am happy to be part of.	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	
17.	The HSCT has strengthened relationships with my family.	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	
18.	Most people in this village/neighbourhood/ward are willing to help if you need it.	1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	
<b>SHARING BENEFITS AND INFORMATION</b>			
1a.	In the last 2 years, did you share any portion of your HSCT cash transfer with non-beneficiaries in your village/neighbourhood/community/ward without an expectation to be paid back?	1 = Yes <b>2 = No&gt;&gt;&gt;2a</b>	
1b.	If yes, how much did you give?		

		Amount in US Dollars					
		<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
2a.	In the last 2 years, did you share any information from the HSCT programme with non-beneficiaries?	1 = Yes 2 = No					
2b	<b>Interviewer: Probe the type of information that was shared with non-beneficiaries:</b>						
3a.	In the last 2 years, have you shared any HSCT information with your household/family members?	1 = Yes 2 = No					
3b	<b>Interviewer: Probe the type of information that was shared with other household members:</b>						
<b>CRIME</b>							
1.	In general, how safe from crime do you feel when you are at home alone?	1 = Very safe 2 = Moderately safe 3 = Neither safe nor unsafe 4 = Moderately unsafe 5 = Very unsafe					
2a.	In the past 12 months, have you or anyone in your household	1 = Yes <b>2 = No &gt;&gt;3a</b>					



	been the victim of a crime such as theft or mugging?		
2b.	If yes, how many times?	<input type="text"/>	
3a	In the past 12 months, has your house been burglarised or vandalised?	1 = Yes 2 = No	
3b.	If yes, how many times?	<input type="text"/>	
<b>Happiness</b>			
1.	In general, are you happy with the HSCT programme?	1 = Very happy 2 = Moderately happy 3 = Neither happy nor unhappy 4 = Moderately unhappy 5 = Very unhappy	

#### Appendix 4: In-depth interview guide: Senior Social Welfare Officer

<b>IN-DEPTH INTERVIEW GUIDE – Senior Social Welfare Officer responsible for the Harmonised Social Cash Transfer (HSCT) in the Ministry of Public Service, Labour and Social Welfare (MOPSLSW)</b>
---

**Date:** .....

**Name of key informant:** .....

**Designation of key informant:** .....

**Gender of respondent:** Male: ☐ Female: ☐

**Interviewer:** .....

**Location of interview:** .....

Good morning/afternoon (as appropriate).

Thank you for finding time in your busy schedule to meet with me. My name is Nyasha Mayanga. I am currently doing post-graduate research towards a Doctor of Philosophy degree with the University of South Africa (UNISA). I am studying under the supervision of the Thabo Mbeki African Leadership Institute (TMALI), one of UNISA's institutes. Professor Vusi Gumede is the Head of TMALI.

I am investigating the social effects of the Harmonised Social Cash Transfer (HSCT) in selected wards in Epworth and Goromonzi districts. In addition, I am doing a social analysis of the HSCT's design and implementation features using the concept of social capital. You have been chosen as a respondent because of the official role you have on the Harmonised Social Cash Transfer programme. I understand your position oversees the coordination and implementation of the HSCT at national and district levels. In addition, you provide a programme and operational link between the Ministry of Public Service, Labour and Social Welfare, and UNICEF and the private sector company contracted to deliver cash to beneficiary households. You also have occasional direct contact with HSCT beneficiaries. As such you are a valuable source of research information. I am keen to benefit from your knowledge, views, experiences and perceptions of the HSCT.

Please note that your involvement in this study is voluntary and you are under no obligation to consent to participation. Your personal contributions and views are confidential and will not be shared with anyone else in a way that can identify you.

By means of this study, I hope to find answers to specific research questions, including contributing to improving the way these programmes work.

The answers and information you will give will be completely confidential. I will describe and explain what you think in my research report, but I will not mention any names. Your personal contributions will not be shared with anyone else in ways that can identify you. Your honest and detailed answers and information will be helpful in informing my research.

Also, you don't have to participate if you don't want to. I would like to emphasise that your participation is voluntary. You are free to withdraw at any stage of the discussion and you can let me know of any questions that you don't want to answer or discuss so that I can skip them. However, I look forward to your cooperation since your views are important. The discussion will take about an hour and a half.

In order for me not to miss any aspects of our interview, I would appreciate it if you can allow me to audio-record the full interview, if that is fine with you. Turn on the recorder only when permission is granted otherwise, make extensive notes.

Do you have anything you want to ask me, or can we start?

**By signing below, you signify that you agree to participate in the study and that your participation is entirely voluntary.**

**SIGNATURE**\_\_\_\_\_

**DATE**\_\_\_\_\_

**Interviewer's signature**\_\_\_\_\_

1. First, describe and explain your full role in the coordination and implementation structure of the HSCT?
  - a. Which aspects of the HSCT implementation do you have direct control or oversight on?
  - b. How important is your role to the success or failure of the HSCT?
  - c. How long have you worked on the HSCT for?
  - d. Were you involved in the design of the HSCT? If yes, what was role in the design of the HSCT?
2. According to the HSCT manual of operations, the Department of Social Services (DSS) at national level should have the following staff members in order to be able to carry out its management and oversight functions for the HSCT: National Coordinator (1), Programme Manager (1), Management Information System architect (1), Data base Administrator (1), Network Administrator (1), Programme Officers (2) and Accountant (1).
  - a. Are you currently structured and resourced as such? If not, what is the current staff structure like and why is it like that?
  - b. Is the staff capacity both in terms of number of staff as well as training and knowledge for existing staff to run the programme at national level adequate? If not, what are the gaps in terms of both considerations?
  - c. Are your transport, IT equipment and communication needs adequate to support your work at national level? If not, what are the gaps?
  - d. What other capacity challenges are limiting you as a national office in discharging your HSCT roles and responsibilities?

### 3. HSCT design and implementation features

#### a. Social analysis:

- i. In designing the HSCT, what social analysis was done at the beginning of the programme in order to inform its design?
- ii. *Probes:* What specific social factors were taken into account at design stage? If no social analysis was built into the design of the HSCT, has this affected the implementation or outcomes of the HSCT in any way?
- iii. Through your programme monitoring work over the time you have been involved with the HSCT, what have you learnt or observed as the important social implications of the HSCT in recipient communities?

#### b. Programme flexibility and context-appropriateness:

There is one manual of operations for the HSCT and it guides implementation of the programme in both rural and urban settings.

- i. Given this situation, how have you ensured that the HSCT includes flexibility and context-appropriate components and mechanisms to support implementation in different social and administrative contexts?
  - ii. Please provide practical examples of how flexibility and context-appropriate mechanisms have been applied in different programme contexts?
- c. **Community involvement:**
  - i. How is the involvement of the community promoted in the HSCT? Is the participation of communities in the HSCT decided after consultations with communities or it's a top-down approach?
  - ii. Are there more opportunities to promote increased participation of communities in the HSCT? What more could be done, and why is not currently happening?
- d. **Targeting and selection/eligibility:**
  - i. What are your views on the HSCT's beneficiary targeting process and selection/eligibility criteria?
  - ii. Why was this method (proxy means test) of targeting chosen as appropriate for the HSCT?
  - iii. Does the HSCT target the poorest households in general? If yes, what is the evidence to support that view?
  - iv. Have there been particular concerns from any stakeholders in the HSCT about the proxy means test method, and the eligibility criteria (food poverty and labour-constrained)?
  - v. How well do you think the targeting process and eligibility criteria are (proxy means test – food poor and labour-constrained i.e no fit adult to work or higher dependency ratio per fit adult) understood by HSCT's stakeholders including communities, beneficiaries and non-beneficiaries?
  - vi. How does the overall targeting performance of the HSCT compare with similar programmes elsewhere in the region or internationally?
  - vii. What targeting/selection challenges have been experienced in the HSCT and how have these been resolved?

The exit criteria for the HSCT are defined in relation to re-targeting of beneficiaries every two years as follows:

1. Re-approving all current beneficiary households that are still labour-constrained
2. Phasing out those beneficiary households that are no longer labour-constrained

3. Approving additional households that have become extremely poor and labour-constrained since the last re-targeting has been undertaken.
- viii. Was the re-targeting of HSCT beneficiaries carried out as stated above? If yes, what did the findings say, and how has this information been used in the HSCT?
- ix. If no re-targeting has been done in the HSCT, why so and has this affected the programme in any way?

e. **Social accountability:**

- i. What are the existing social accountability mechanisms in the HSCT that are aimed at promoting and guaranteeing (1) beneficiaries' (and non-beneficiaries) feedback, (2) accountability to beneficiaries and communities, and (3) independent oversight of HSCT operations?
- ii. How appropriate, accessible and effective are these mechanisms? Have they strengthened programme effectiveness and accountability for beneficiaries (and non-beneficiaries), and in turn state-citizen relations?

f. **HSCT payment system:**

- i. When designing the HSCT's current cash-in transit payment system, what programme-level and beneficiary-level considerations were taken into account?
- ii. What are the advantages and disadvantages of the current cash delivery system?

g. **HSCT transfer size:**

Setting the size and structure of a transfer is one of the most important decisions that are made when designing a cash transfer scheme.

- i. How were the transfer size and structure set for the HSCT?
- ii. What considerations were taken into account?
- iii. Who made the decision?
- iv. Do you think that the transfer amount is adequate?
- v. Was the size of the transfer ever adjusted since the HSCT started? If yes. How and why was it adjusted? If not, why?
- vi. What have been the effects of adjusting or not adjusting the transfer size and structure?

h. **HSCT communication strategy:**

Public communication strategies are critical components of the design and implementation of cash transfer (CT) schemes. Communication can hinder or help the achievement of cash transfer goals. Communication tools used in CT schemes vary according to programme contexts.

- i. Briefly outline the HSCT's communication strategy for me, or at the least, refer me to the HSCT communications strategy document?
- ii. What purpose does communication serve in the HSCT?
- iii. What are the communication tools used in the HSCT?

**i. General:**

- i. What aspects of the HSCT's implementation are working well? (Probes: Unconditionality; Grievance and complaints mechanisms; payment point processes; change management; HSCT communications; and HSCT monitoring).
- ii. What aspects of the HSCT's implementation are not working as well as they should be? Why so? (Probes: Unconditionality; Grievance and complaints mechanisms; payment point processes; change management; HSCT communications; and HSCT monitoring).

**4. HSCT and gender**

- i. What scope has been there for attention to gender inequalities and relations in the design and implementation of the HSCT?
- ii. Do you think the HSCT has in some ways contributed to tackling social norms and harmful practices that produce and reproduce gender inequalities and power imbalances between men and women in recipient communities? If yes, how, and what is the evidence to support this?

**5. Role of local governments/authorities in the HSCT:**

Administrative arrangements vary considerable across the HSCT's geographical areas of implementation. For example, in Epworth, the settlement is managed by the Epworth Local Board, and in Goromonzi, the District Administrator is in charge of the district's administrative affairs.

- i. To what extent does the HSCT work through local governments/authorities i.e. what is the role of local authorities in the HSCT?
- ii. It appears that in Epworth settlement, the implementation of the HSCT bypasses the local authority. Does this not

undermine the authority of the ELB in the eyes of HSCT beneficiaries, with whom the ELB has regular contact?

**6. Supply side support:**

The HSCT is largely a demand-side cash incentive to households. By raising the purchasing power of beneficiaries, it increases demand for goods and services in the local community/district economy.

- i. Has there been a need for supply-side support to strengthen for example: economic goods, health, education and nutrition services in recipient communities/districts?
- ii. How have local economies in recipient communities generally responded to meet increased demand for goods and services? Is this something that is tracked or monitored in the programme?
- iii. Have you come across cases of inflationary pressure in some recipient communities where local supply may fail to meet increased demand induced by the HSCT?

**7. HSCT linkages with other programmes:**

- i. How well is the HSCT linking with other social protection and community development programmes at national and district levels? (*Probes: Basic Education Assistance Module; Assisted Medical Treatment Orders; Food Distribution; Agricultural Inputs Support Programmes*).
- ii. Have there been cases where the HSCT makes one ineligible to receive other social protection and livelihoods assistance? If yes, why so?

**8. Sustainability of the HSCT and its achievement:**

The HSCT is financed through a combination of general tax revenue from Government, and donor funds with the latter contributing nearly 90 percent of the funding.

- i. How does the HSCT's design and implementation address the issue of sustainability of the programme and its effects?
- ii. What is your view about the long-term viability of the HSCT and its welfare effects on beneficiaries?
- iii. What messages have been communicated (programme communications) to beneficiaries about the future of the HSCT?

**9. Recommendations:**

- i. Based on your experience, knowledge, observations and views around the HSCT over the years, what social considerations would



you suggest should be carefully taken in to account when designing and implementing future cash transfer schemes?

- ii. What would you like to see changed in the design and implementation of the HSCT to make it a greater cash transfer scheme?

10. We are now at the end of our interview. Are there any other relevant issues you would like to raise?

11. Do you have any questions for me?

**We have now come to the end of our discussion. Thank you very much for sharing your knowledge, views, and experiences with me.**

## Appendix 5: In-depth interview guide: Village Head

<b>IN-DEPTH INTERVIEW GUIDE: Village Head</b>
---

**Date:** .....

**Name of key informant:** .....

**Designation of key informant:** .....

**Ward number:** .....

**Village name:** .....

**District:** .....

**Gender of respondent:** Male: ☐ Female: ☐

**Interviewer:** .....

**Location of interview:** .....

Good morning/afternoon (as appropriate).

Thank you for finding time in your busy schedule to meet with me. My name is Nyasha Mayanga. I am currently doing post-graduate research towards a Doctor of Philosophy degree with the University of South Africa (UNISA). I am studying under the supervision of the Thabo Mbeki African Leadership Institute (TMALI), one of UNISA's institutes. Professor Vusi Gumede is the Head of TMALI.

I am investigating the social effects of the Harmonised Social Cash Transfer (HSCT) in selected wards in Epworth and Goromonzi districts. In addition, I am doing a social analysis of the HSCT's design and implementation features using the concept of social capital. You have been chosen as a respondent because of your important traditional leadership position. I understand that amongst your duties, you lead your village in all traditional, customary and cultural matters and promote sound morals and good social conduct among members of your village. In addition, you preside over the village development committee and co-ordinate its work. You are also familiar with the well-being of inhabitants in your community some of whom are HSCT beneficiaries. Your role as a village head means that you are in regular contact with your community on development, social, welfare, cultural and traditional issues. As such you are a valuable source of research information. I am keen to benefit from your knowledge, views, experiences and perceptions of the HSCT.

Please note that your involvement in this study is voluntary and you are under no obligation to consent to participation. Your personal contributions and views are confidential and will not be shared with anyone else in a way that can identify you.

By means of this study, I hope to find answers to specific research questions, including contributing to improving the way these programmes are designed and work.

The answers and information you will give will be completely confidential. I will describe and explain what you think in my research report, but I will not mention any names. Your personal contributions will not be shared with anyone else in ways that can identify you. Your honest and detailed answers and information will be helpful in informing my research.

Also, you don't have to participate if you don't want to. I would like to emphasise that your participation is voluntary. You are free to withdraw at any stage of the discussion and you can let me know of any questions that you don't want to answer or discuss so that I can skip them. However, I look forward to your cooperation since your views are important. The discussion will take about an hour and a half.

In order for me not to miss any aspects of our interview, I would appreciate it if you can allow me to audio-record the full interview, if that is fine with you. Turn on the recorder only when permission is granted otherwise, make extensive notes.

Do you have anything you want to ask me, or can we start?

**By signing below, you signify that you agree to participate in the study and that your participation is entirely voluntary.**

**SIGNATURE**\_\_\_\_\_

**DATE**\_\_\_\_\_

**Interviewer's signature**\_\_\_\_\_

12. First, describe and explain to me your full role as a Village Head?
13. Are you aware of the HSCT cash transfer programme that is operating in your village? [If no, interviewer – explain what the HSCT is to double-check respondent's awareness].
  - a. If yes, how did you come to know about the HSCT, and when?
  - b. Please describe and explain your understanding of the HSCT scheme?
  - c. Has the HSCT been discussed in the Village Assembly meetings? If yes, what about the HSCT has been discussed, and why?
  - d. What do you like about the HSCT scheme, and why?
  - e. What do you not like about the HSCT, and why?
  - f. Are you interested in seeing the HSCT continue or discontinued in your community? If yes/no, why?
14. As a Village Head, do you have a role (formal or informal) that you play in the implementation of the HSCT in your community?
  - a. If yes, what role do you have in the implementation of the HSCT?
  - b. If no, why don't you have a role in the HSCT? Do you think you should have a role in the implementation of the programme? If yes, what should that role be? Have you raised this with the HSCT' programme officials? If yes, what response did you get?
15. Are traditional authority structures involved in the implementation of the HSCT? If yes, how? If not, do you think they should be involved, and how?
16. Social cash transfers may affect power dynamics within a household or community. What if any, are the changes in terms of household or community power dynamics following the introduction of the HSCT in your area?
  - a. For example, did the introduction of the HSCT affect traditional authority in any way?
  - b. Have some people lost their influence because people have other support now (e.g. beneficiary households don't need to ask for their help anymore). For example, while beneficiaries may continue to look to religious leaders for spiritual guidance they will no longer turn to them if they have financial problems.
17. As a traditional leader, how do you feel about the HSCT's targeting process and its selection/eligibility criteria?
  - a. Do you think the targeting process and selection of beneficiaries is fair in concept and application? If yes/no, why?
  - b. Do you think most of the households selected to receive cash transfers in your village are the most needy? If yes/no, why?
  - c. Are there people in your village who are very poor and need the HSCT but were wrongly excluded from the programme? If yes, how do you know about these people? Did they approach you directly? Why were they excluded from the programme? What have you done with their queries?

- d. Do you think there are people in your village currently benefitting from the HSCT but do not need programme?
18. What have you observed as some of the HSCT's effects on recipient households, and your village in general?
  - a. What changes in people's (beneficiaries and non-beneficiaries) behaviours have you seen following the introduction of the HSCT in your village?
19. Cultural identity is built through the sharing of common history or common culture, common pride in the past, and in some the sharing of a common passion. These community bonds can help to stabilise communities and ease the stresses of poverty. Cultural identity is maintained through rituals, celebrations, traditional ceremonies, and the poor frequently mention participation in these events.
  - a. Has the HSCT had any effects on cultural and social norms in your community (village)?
  - b. What effect has the HSCT had on the participation of beneficiaries and non-beneficiaries in traditional ceremonies, rituals and other socio-cultural events in your community?
  - c. Have you observed an increase or decrease in socio-cultural events in your community following the introduction of the HSCT e.g. more ceremonies, rituals etc.?
  - d. What effect if any has the HSCT had on social solidarity in your community?
  - e. What are the social sanctions for violating expected norms of social solidarity in your community?
20. Has the HSCT changed social relations in your community between people who receive the transfers, and those who do not?
  - a. Has the social differentiation between "beneficiaries and non-beneficiaries" introduced through the HSCT affected relationships between people in the two groups in your community? If yes, in what ways?
  - b. If yes, how does this manifest, and what features of the programme could have resulted in the changes in people's social relations?
21. Have you come across cases of direct conflicts and social tensions between HSCT beneficiaries and non-beneficiaries in your village? If yes, what forms have these conflicts and social tensions taken?
22. Do HSCT beneficiaries and non-beneficiaries cooperate and participate together in community activities in your village? If yes, please provide examples of community activities where both groups participate or have participated together for community good. If not, why do they not work together for the common community good?
23. Social cash transfers may affect power dynamics within a household or community. Traditionally women have less access to money and decision

making in a household or community. Evidence elsewhere shows that cash transfers ensure women have access to resources to alleviate their multiple deprivations. In some cases CTs have reduced the need to resort to risky coping strategies such as child labour, early marriage or commercial sex work. Sudden change of power dynamics may cause negative reactions from those who used to have power.

- a. Do you think the HSCT has transformed gender relations and power dynamics within beneficiary households in your village, and gender relations and power dynamics within your wider community? If yes, how and in what ways? [*Probes: risky coping behaviours, child labour, early marriages, social/gender norms, women and girls' empowerment, and power dynamics between rich and poor women*].
  - b. What are the common types of gender-based violence in your community?
  - c. Do you think the HSCT has had any effect on gender-based violence in your village? If so, in what ways? Can you give examples?
24. Have you at some point had to handle HSCT-related grievances and complaints brought to you by HSCT beneficiaries and/or non-beneficiaries?
  - a. If yes, what was the nature of the grievances and complaints?
  - b. Why do you think you were approached?
  - c. How did you deal with the grievances and complaints?
  - d. Did you inform/ HSCT programme officials about the grievances and complaints, and how you resolved them?
25. Have you at some point mediated conflicts or social tensions between HSCT beneficiaries and non-beneficiaries?
  - a. If yes, what were the conflicts all about?
  - b. How did you help resolve the conflicts?
  - c. Did you inform HSCT programme officials about the conflicts, and how you helped resolve them?
26. What are your views with regards to the level of community participation in the HSCT by members of your community? For example, there are CPC members involved in the implementation of the HSCT at local levels.
  - a. Do you think there is scope to promote increased community participation in the HSCT?
  - b. What form might this participation take, and in which HSCT implementation processes?
27. How well do you think the HSCT is linking with other community development programmes in your community? (*Probes: Basic Education Assistance Module and Food Distribution programmes*).

28. Have there been cases where the HSCT makes one ineligible to receive other forms of welfare assistance or support in your community? If yes, why so?

**29. Recommendations:**

- iii. What would you like to see changed in the design and implementation of the HSCT to make it a greater cash transfer scheme?
- iv. What social considerations/factors would you suggest to be carefully taken in to account when designing and implementing future cash transfer schemes?

30. We are now at the end of our interview. Are there any other relevant issues you would like to raise?

31. Do you have any questions for me?

**We have now come to the end of our discussion. Thank you very much for sharing your knowledge, views, and experiences with me.**

## Appendix 6: Focus group discussion guide: HSCT focal persons

### Ward Child Protection Committee Members (WCPC – HSCT focal persons) Focus Group Discussion (FGD) Guide

Thank you for coming. My name is Nyasha Mayanga. I am currently doing post-graduate research towards a Doctor of Philosophy degree with the University of South Africa (UNISA). I am studying under the supervision of the Thabo Mbeki African Leadership Institute (TMALI), one of UNISA's institutes. Professor Vusi Gumede is the Head of TMALI.

I am investigating the social effects of the Harmonised Social Cash Transfer (HSCT) in selected wards in Epworth and Goromonzi districts. You are being asked to participate in this study because you have been identified as community people who have an important role in the implementation of the HSCT in your ward. As such you are a valuable source of research information. I am eager to collect your views, experiences and perceptions of the HSCT; its perceived effects on social relations, social networks, norms, trust, solidarity and collective action within your community.

By means of this study, I hope to find answers to specific research questions, including contributing to improving the way these programmes work.

The answers and information you will give will be completely confidential. I will describe and explain what you think in my research report, but I will not mention any names. Your personal contributions will not be shared with anyone else in ways that can identify you. Your honest and detailed answers and information will be helpful in informing my research.

Also, you don't have to participate if you don't want to. I would like to emphasise that your participation is voluntary. You are free to withdraw at any stage of the discussion and you can let me know of any questions that you don't want to answer or discuss so that I can skip them. However, I look forward to your cooperation since your views are important. The discussion will take about an hour and a half.

Do you have anything you want to ask me, or can we start?

Can we start by introducing ourselves to each other? Give your names, where you are from, and your role on the HSCT.

<b>Date:</b>	<b>DD:</b>	<b>MM:</b>	<b>YYYY:</b>
<b>Ward represented:</b>			
<b>Number of females in FGD:</b>			
<b>Number of males in FGD:</b>			
<b>Describe the nature of the group:</b>			



## **Main things to keep in mind**

1. Explain that you will need to record the discussion using a tape or digital recorder so that you can capture everything that is said. Obtain verbal consent. Once consent is granted, turn on the recorder at this point. Otherwise make extensive notes.
2. Answers and response should be evidenced with examples whenever possible. When probing for cases, examples are critical for collecting data and actual stories as findings.
3. Give the participants enough time and opportunity to talk about their opinions and experiences.
4. Try to keep the discussion focused on the subject, but allow participants to lead the discussion in new directions if they arise and they are relevant to the subject. This may highlight new and important information.
5. There is always a significant challenge in bringing out the views of the quieter members of the group. Address this challenge in the following ways:
  - a. Write down everyone's name and using their names to ask them directly.
  - b. Ensure there are no tasks that make people feel embarrassed because they cannot do them – such as writing or reading.
  - c. Ask quieter members for their opinions.
  - d. Explain in advance to the group that you would like a conversation between them all, and that you want to hear everyone's views.
  - e. Explain that there is no correct answer to the questions and that you are interested in hearing many different views on them.
6. When the discussion comes to a natural end, or after about an hour and a half, ask whether there is anything else that the participants wish to discuss. Check again that the participants know what the information will be used for.
7. Thank participants for their time and effort.

Key questions	Possible probing questions
<b>Knowledge and understanding of the HSCT</b>	
1. Can you tell me what you know about the Harmonised Social Cash Transfer (HSCT)?	<ul style="list-style-type: none"> <li>a. What are the purpose and objectives of the HSCT?</li> <li>b. Tell me about the HSCT's eligibility criteria, transfer size, payment method and frequency of payments?</li> <li>c. Does the HSCT have any conditions which beneficiaries should comply with in order to continue to receive the cash transfers? If yes, what are the conditions?</li> <li>d. When did the HSCT start and how long is it intended to last?</li> <li>e. Please identify the HSCT's key stakeholders (state and non-state actors, institutions and organisations).</li> <li>f. Who provides funding for the HSCT?</li> </ul>
<b>Your role as HSCT focal persons in the community</b>	
2. What is your role as focal persons in the HSCT?	<ul style="list-style-type: none"> <li>a. How were you selected to be HSCT focal persons?</li> <li>b. What do you do on a regular basis as HSCT focal persons?</li> <li>c. What proportion of your time do you spend on HSCT activities?</li> <li>d. What motivated you to serve your community in the capacity of HSCT focal persons?</li> <li>e. Does being a CPC member (HSCT focal person) affect your relationship with the community?</li> <li>f. What are the community's perceptions of your role as HSCT focal persons? Ask how they are perceived by HSCT beneficiaries, and the generality of the community including non-beneficiaries.</li> <li>g. How have you benefitted from participating in the HSCT as a CPC focal person?</li> <li>h. What support is provided to you by the HSCT programme to enable you to perform your role and tasks in the implementing the HSCT (e.g. transport, communication, stationery and incidental expenses)?</li> </ul>
<b>HSCT operational processes</b>	

<i>Beneficiary targeting and selection</i>	
3. How were the HSCT beneficiaries in your ward selected to receive cash payments?	<ul style="list-style-type: none"> <li>a. What do you think about the way households were selected for the HSCT?</li> <li>b. Do you think the eligibility criteria for the HSCT are clear?</li> <li>c. Do you think there are households which are very poor and need the HSCT but were wrongly excluded (exclusion errors)? If yes, what could be the reasons for their exclusion?</li> <li>d. Do you think there are households currently benefitting from the HSCT but should not be receiving the transfers (inclusion errors)? If yes, why do you think the households should not be receiving the HSCT?</li> <li>e. For (a) and (b), as CPC focal persons, what have you done about the cases of exclusion and inclusion errors?</li> <li>f. Did you play any role in the targeting and selection of HSCT household? If yes, what was your role?</li> <li>g. Do you have any suggestions about how the targeting and selection of HSCT beneficiaries could be improved?</li> </ul>
4. How do community members feel as designated HSCT beneficiaries and non-beneficiaries?	<ul style="list-style-type: none"> <li>a. How is the relationship between HSCT beneficiaries and non-beneficiaries?</li> <li>b. Do you think non-beneficiaries understand why they are not receiving HSCT?</li> <li>c. How do you deal with cases of non-beneficiaries who approach you with queries about being left out of the programme?</li> <li>d. What is your relationship like with HSCT beneficiaries?</li> <li>e. Do most non-beneficiaries know about the HSCT? If yes, how do you think they got to know about the existence of the HSCT in the community?</li> <li>f. What is your relationship like with non-beneficiaries in your community?</li> </ul>
<b>Programme effects</b>	
5. What has changed in your ward/community	a. What have you observed as the main well-being effects (improvements

following the introduction of the HSCT?	<p>or negative effects) of the HSCT on beneficiary households?</p> <p>b. Overall, do you think HSCT beneficiaries use funds positively (food security, productive capacity of households, education, health and nutrition) or spend cash irresponsibly (e.g. alcohol, cigarettes and other non-essentials)?</p> <p>c. In your opinion, how has the wider community benefitted from the HSCT (secondary benefits/multiplier effects)?</p>
6. Has the HSCT affected the activities of other development or relief programmes in your community?	a. If yes, how? [Check if HSCT offers more advantageous services than other existing development/relief programmes – BEAM, Food distribution etc.]
7. Has the HSCT led to exclusion of beneficiary households from other development or relief interventions (BEAM, Food distribution etc.)?	a. If yes, why is this so?
<b>Gender relations</b>	
8. What is the procedure for handling polygamous households in the HSCT?	<p>a. How does the HSCT work with polygamous households?</p> <p>b. What are the patterns of cash transfer use among polygamous households?</p> <p>c. Have you encountered any challenges in handling polygamous households in the programme? If yes, what challenges did you encounter and how were they addressed?</p>
9. Who (men or women) generally collects the transfers from pay points?	a. In either case, why is this so? What are the underlying issues?
10. In your opinion, has the HSCT changed the relationship between men and women within beneficiaries' families?	a. If so, how and why?
11. In general, do you think the HSCT has reinforced or weakened the institution of marriage amongst beneficiary households in cases where the family is intact i.e. father,	a. In either case, how and why?

mother and children make up the household?	
12. Are men and women differently affected by the distance travelled and time required to collect cash transfers?	a. If yes, explain how and why this may be the case?
13. HSCT payment days and outreach to beneficiary households play a valuable role in connecting with the community. How are these, or could these interactions be used to address particular gender issues?	
14. How does the HSCT respond to cases where a beneficiary couple separates or divorces?	a. Have you encountered cases of this nature?
15. Are women and girls at risk of violence if and when they collect cash from payment points?	
16. What are the common types of acts of gender-based violence in your community?	
17. Do you think the HSCT has had any effect on gender-based violence in your community? If so, in what ways?	a. Can you give examples of actual cases that you have come across and where such cases are/were negative effects of the HSCT?
<b>HSCT complaints and grievance system</b>	
18. Are you aware of how beneficiaries' complaints and grievances are registered, investigated and resolved in HSCT?	a. Please tell me more about the current complaints and grievance handling system in place? b. Is the grievance and complaints escalation/appeals pathway clear to you and beneficiaries? c. What role do you have in the system as HSCT focal persons? d. Have you ever received complaints from beneficiaries and how have you dealt with them? e. In your opinion, do you think most HSCT beneficiaries are <u>aware of how the system works</u> (i.e. how and to whom to complain), and <u>are willing to use the system</u> (i.e. are not afraid, do not see as futile)?

	<ul style="list-style-type: none"> <li>f. What are the common HSCT complaints and grievances reported by HSCT beneficiaries?</li> <li>g. Do you think the system is appropriate and accessible?</li> <li>h. Are sensitive complaints and grievances handled in a confidential and sensitive manner?</li> <li>i. Are there gender differences in who speaks out, and do grievances and complaints show any gender patterns?</li> <li>j. How are non-HSCT queries handled? This may include examples like child welfare issues, HSCT information request etc.</li> <li>k. Do non-beneficiaries have access to the same system? What are the common queries reported by non-beneficiaries?</li> </ul>
19. How effective is the complaints and grievance handling system?	<ul style="list-style-type: none"> <li>a. In your informed opinion, are complaints adequately addressed in a timely manner, and feedback to beneficiaries provided?</li> <li>b. Is the system supported by adequate numbers of staff who are dedicated to handling grievances?</li> </ul>
20. What specific improvements do you suggest be made to the current complaints and grievance handling system?	
<b>HSCT change management</b>	
<i>Responses to changes in the structure of beneficiary households, change of a representative for collection of payments, and removal of beneficiary households that should not have been on HSCT (inclusion errors).</i>	
21. What is your role in the HSCT change management?	<ul style="list-style-type: none"> <li>a. What are the common change management queries you have dealt with?</li> <li>b. Have you had to deal with exclusion cases – where households that should not have been on the scheme from the beginning are removed from the programme? If yes, did the removal of such households affect your relationship with those households and other community members in any way?</li> </ul>
22. How efficient and effective is the HSCT change management system?	<ul style="list-style-type: none"> <li>a. Have you encountered problems with change management processes?</li> <li>b. Are there any gaps in the current change management system?</li> </ul>

	c. What do you suggest be done to improve HSCT change management?
<b>Social capital</b>	
<i>Social networks, membership associations, solidarity, collective action, social divisions, tensions, norms of reciprocity, trust</i>	
23. In general, how has the wider community benefitted from the HSCT (directly and indirectly)?	<ul style="list-style-type: none"> <li>a. Identify a few specific examples of how the wider community has benefitted.</li> <li>b. Let's discuss the likely pathways or channels through which these benefits have accrued to the wider community.</li> </ul>
24. What if any, were the changes in terms of community power dynamics?	<ul style="list-style-type: none"> <li>c. For example, has your role as CPC focal persons altered power dynamics in the community? What are the effects on local elites or local power structures? Are you regarded as new leadership in the community?</li> <li>d. Have some people lost their influence because people have other support now (e.g. beneficiary households don't need to ask for their help anymore). For example, while beneficiaries may continue to look to religious leaders for spiritual guidance they will no longer turn to them if they have financial problems.</li> </ul>
25. Have there been any conflicts and tensions within the community as a consequence of the HSCT?	<ul style="list-style-type: none"> <li>a. If so, why and what form have the conflicts and tensions taken?</li> <li>b. Which aspects of the HSCT triggered the conflicts?</li> <li>c. What are the patterns of conflict – are they at the community or family/household levels?</li> <li>d. Who are the actors involved in such conflicts?</li> <li>e. Have the conflicts ever escalated to violence in the community?</li> <li>f. What kinds of mediation have taken place to help resolve the conflicts? Have you had to help resolve some conflicts in your role as CPC members/HSCT focal persons? Has this worked?</li> </ul>
26. Is there any jealousy, or resentment towards HSCT beneficiaries within the community?	<ul style="list-style-type: none"> <li>a. Who expresses this jealousy and why?</li> <li>b. Which design/operational/implementation aspects of the HSCT could be fuelling this jealousy and resentment?</li> </ul>
27. Has there been ill-will directed at CPC	

members or those perceived to have power in the decision-making process regarding who would be included and who would be excluded as HSCT beneficiaries?	
28. In your opinion, in what ways has the HSCT improved or worsened beneficiaries' experiences with community engagement?	
29. Are you members of any associations, groups or networks in your community?	a. Has being part of the HSCT (as CPC members/focal persons) allowed you into existing or new networks?
30. Has your association with the HSCT led to any positive or negative changes in your individual and community life?	a. If so, how?
31. In times of difficulty or crises (hunger, health emergencies, deaths etc.) how do people help each other in your community?	
32. What formal and informal groups, associations, and networks exist in your community?	<ul style="list-style-type: none"> <li>a. How do individuals or households enter into these networks, groups or associations, and how do they maintain network ties?</li> <li>b. What is exchanged in these networks and groups (e.g. good, services, information, moral support and favours)?</li> <li>c. What characteristics are most valued among network members (e.g. trustworthiness, reciprocity, cooperation, honesty, community respect etc.)?</li> <li>d. What were these networks, groups and associations like before the introduction and implementation of the HSCT and how did they relate to people's well-being?</li> <li>e. How are the existing social and support networks or membership associations affected by the introduction of a targeted HSCT?</li> <li>f. Are the changes to the networks positive or negative? How does the community view these changes to the networks?</li> </ul>



	<p>g. Which social networks, groups and membership associations have been most affected and why? (Including churches, kinship networks, contribution-based networks such as burial societies etc.).</p> <p>h. Has the HSCT led to the creation of new social networks, groups or associations? (e.g. Internal Savings and Lending [Mukando] clubs). If so, how? Which networks have been created? Are the new networks localised or extend beyond your ward/community?</p>
33.If there was a joint community development project, or a response to a problem or crisis, to what extent do community members cooperate or collaborate with one another to solve the problem?	<p>a. Are there any cultural, social, or community traditions/norms that affect patterns of cooperation, and collective action?</p> <p>b. Do HSCT beneficiaries participate in community activities? If no, why so?</p> <p>c. What about non-beneficiaries? If no, why so?</p>
34.Describe recent examples of collective action that have taken place in your community/ward (or a segment of the ward).	<p>a. Did the activities involve both HSCT beneficiaries and non-beneficiaries?</p> <p>b. What was the course and outcome of these activities?</p>
35.Do social, cultural, age or gender constraints limit the participation of specific groups in community activities (e.g. women, poor people, young people, children, minorities etc.).	<p>a. For example HSCT households are mostly generation gap households (households with very old people and young children with no productive labour could mean that such households do not participate in collective community activities) despite a willingness to do so.</p>
36.What other kinds of constraints limit people's ability or willingness to work together?	<p>a. For example, lack of time, lack of trust or confidence in others or outcomes, suspicions towards the initiators or mobilisers, high mobility of people (people always moving in and out of the community – i.e. they do not stay long enough to learn the community culture and norms for collective action).</p>
37.What are the social sanctions for violating expected norms of collective action in the community?	
38.Do you think in your community (ward)	<p>a. If yes/no, why so?</p>

people generally trust one another in matters of lending and borrowing?	b. Have you come across cases of borrowing and lending between beneficiaries and non-beneficiaries? Is this a common occurrence in your community?
39. Do you think that since the introduction of the HSCT, this level of trust has got better, worse or stayed about the same?	Why?
<b>Recommendations and suggestions</b>	
40. What would you like to see changed or introduced in the HSCT to make it better?	a. Which themes would you say your comment relate to?

## **Appendix 7: Focus Group Discussion Guide: Non-beneficiaries**

### **Non-beneficiaries:**

#### **(Ineligible to receive HSCT)**

#### **Focus Group Discussion (FGD) Guide**

Thank you for coming. My name is Nyasha Mayanga. I am currently doing post-graduate research towards a Doctor of Philosophy degree with the University of South Africa (UNISA). I am studying under the supervision of the Thabo Mbeki African Leadership Institute (TMALI), one of UNISA's institutes. Professor Vusi Gumede is the Head of TMALI.

I am investigating the social effects of the Harmonised Social Cash Transfer (HSCT) in selected wards in Epworth and Goromonzi districts. You are being asked to participate in this study because you have been identified as people who could provide important insights into community perceptions of the HSCT. In addition, your views are important to understand the social effects of the HSCT beyond beneficiary households including your social relations with beneficiary households. As such you are a valuable source of research information. I am keen to collect your views, experiences and perceptions of the HSCT; its perceived effects on social relations, social networks, norms, trust, solidarity and collective action within your community.

By means of this study, I hope to find answers to specific research questions, including contributing to improving the way these programmes work.

The answers and information you will give will be completely confidential. I will describe and explain what you think in my research report, but I will not mention any names. Your personal contributions will not be shared with anyone else in ways that can identify you. Your honest and detailed answers and information will be helpful in informing my research.

Also, you don't have to participate if you don't want to. I would like to emphasise that your participation is voluntary. You are free to withdraw at any stage of the discussion and you can let me know of any questions that you don't want to answer or discuss so that I can skip them. However, I look forward to your cooperation since your views are important. The discussion will take about an hour and a half.

Do you have anything you want to ask me, or can we start?

Can we start by introducing ourselves to each other? Give your names, where and you are from.

<b>Date:</b>	<b>DD:</b>	<b>MM:</b>	<b>YYYY:</b>

<b>Ward represented:</b>	
<b>Number of females in FGD:</b>	
<b>Number of males in FGD:</b>	
<b>Describe the nature of the group:</b>	

### **Main things to keep in mind**

8. Explain that you will need to record the discussion using a tape or digital recorder so that you can capture everything that is said. Obtain verbal consent. Once consent is granted, turn on the recorder at this point. Otherwise make extensive notes.
9. Answers and response should be evidenced with examples whenever possible. When probing for cases, examples are critical for collecting data and actual stories as findings.
10. Give the participants enough time and opportunity to talk about their opinions and experiences.
11. Try to keep the discussion focused on the subject, but allow participants to lead the discussion in new directions if they arise and they are relevant to the subject. This may highlight new and important information.
12. There is always a significant challenge in bringing out the views of the quitter members of the group. Address this challenge in the following ways:
  - a. Write down everyone's name and using their names to ask them directly.
  - b. Ensure there are no tasks that make people feel embarrassed because they cannot do them – such as writing or reading.
  - c. Ask quitter members for their opinions.
  - d. Explain in advance to the group that you would like a conversation between them all, and that you want to hear everyone's views.
  - e. Explain that there is no correct answer to the questions and that you are interested in hearing many different views on them.
13. When the discussion comes to a natural end, or after about an hour and a half, ask whether there is anything else that the participants wish to discuss. Check again that the participants know what the information will be used for.
14. Thank participants for their time and effort.

Key questions	Possible probing questions
<b>Awareness and knowledge of the HSCT</b>	
41. Do you know about the Harmonised Social Cash Transfer (HSCT)?	g. If yes, can you describe the HSCT? h. How did you get to know about the HSCT? i. What do you like about the HSCT? j. What do you not like about the HSCT?
42. As non-beneficiaries, do you in anyway interact with some aspects of the HSCT?	k. If yes, what kind of involvement/interaction do you have with some components of the HSCT? l. If not, do you see a need for your involvement with the programme other than being a direct beneficiary? What form could your involvement take?
<b>Non-beneficiaries' perceptions of HSCT's targeting and selection method and outcomes</b>	
43. Do you know how the people receiving the HSCT in your neighbourhood/ward were selected in to the HSCT programme?	h. What do you think about the way households were selected for the HSCT? i. Do you think the eligibility criteria for the HSCT are clear? j. Do you understand why you not selected to receive HSCT? If no, have you approached HSCT officials about it? k. In your community how do you know who is extremely poor (and needs the HSCT) and who is not (does not need the HSCT)? l. Do you think there are households which are very poor and need the HSCT but were wrongly excluded (exclusion errors)? If yes, what could be the reasons for why they were left off the HSCT list? m. Do you think there are households currently benefitting from the HSCT but should not be receiving the transfers (inclusion errors)? If yes, why do you think the households should not be receiving the HSCT?
44. How do you feel about the creation of categories of "HSCT beneficiaries" and "non-beneficiaries?"	a. Has this social division created any problems in the community? If yes, what kind of problems has this brought about?
<b>Programme effects</b>	

45. What has changed in your ward/community following the introduction of the HSCT?	d. What have you observed as the main effects (improvements or negative effects) of the HSCT in your community? e. Has anything changed <u>between</u> people in your community/ward/neighbourhood after the introduction of the HSCT?
46. In your opinion, has the wider community benefitted somehow (directly and indirectly) from the HSCT (secondary benefits/multiplier effects)?	b. What are your perceptions in terms of: i. Gender relations and norms ii. Cash availability in the community (liquidity) iii. Increased opportunities for trade (e.g. higher purchases from beneficiary households and opportunities for business creation or expansion). iv. Increased demand for a variety of goods and services offered in the community. v. Increased creditworthiness of customers vi. Increased competition vii. Price changes viii. Increased labour market opportunities
47. Have your relationships with people who receive the cash transfer changed?	c. How? How has this affected you?
48. Are HSCT beneficiaries treated differently now in your community compared to before the transfer?	b. If so, why?
<b>Sharing cash and information</b>	
49. Have your households (non-beneficiaries) indirectly received any of the money from the HSCT as help from friends/family?	l. If so, how was this money used in your households?
50. Do HSCT beneficiaries share part of their cash with some non-beneficiaries?	m. If sharing the cash is unlikely, what do you think could be the reasons for this?
51. Do beneficiaries share any information that they learn from HSCT with non-beneficiaries (e.g.	a. Can you give me examples of information that is commonly shared? b. Is this information voluntarily and proactively shared by the HSCT

child protection, markets, targeting/retargeting, grievance and complaints handling system etc.)	beneficiaries or it's the non-beneficiaries who approach former asking for information?
<b>Queries related to the HSCT</b>	
52. Even though you are not directly benefitting from the HSCT, do you have information on where to seek information/clarifications related to the programme e.g. HSCT information request, exclusion errors etc.?	<ul style="list-style-type: none"> <li>a. How did you know about this mechanism?</li> <li>b. How accessible is this mechanism for you as a non-beneficiary?</li> <li>c. Have you actually raised any queries before? If so, what were the queries about?</li> </ul>
<b>Social capital dimensions</b>	
53. If you were to experience urgent needs (e.g. health emergency) or a crisis such as hunger, who would you feel comfortable to approach?	<ul style="list-style-type: none"> <li>e. Why?</li> <li>f. Would you ever consider approaching an HSCT beneficiary who may be your neighbour?</li> </ul>
54. If you were having financial problems, who would you turn to for help?	
55. If you were sick and not able to carry out your usual activities for a week or so, who would you turn to for help?	
56. What if any, were the changes in terms of community power dynamics?	<ul style="list-style-type: none"> <li>g. Have some people lost their influence because people have other support now (e.g. beneficiary households don't need to ask for their help anymore).</li> </ul>
57. Have there been any conflicts and tensions within the community as a consequence of the HSCT?	<ul style="list-style-type: none"> <li>g. If so, why and what form have the conflicts and tensions taken?</li> <li>h. What are the patterns of conflict – are they at the community or family/household levels?</li> <li>i. Who are the actors involved in such conflicts?</li> <li>j. Have the conflicts ever escalated to violence in the community?</li> <li>k. What kinds of mediation have taken place to help resolve the conflicts? Has this worked?</li> </ul>
58. Is there any jealousy, or resentment towards HSCT beneficiaries within the community?	<ul style="list-style-type: none"> <li>c. Who expresses this jealousy and why?</li> </ul>

59. Has there been ill-will directed at CPC members or those perceived to have power in the decision-making process regarding who would be included and who would be excluded as HSCT beneficiaries?	
60. Are you members of any associations, groups or networks in your community?	b. Do these associations, groups or networks include HSCT beneficiaries as well or they are exclusive to non-beneficiaries?
61. What formal and informal groups, associations, and networks exist in your community?	<ul style="list-style-type: none"> <li>i. How do individuals or households enter into these networks, groups or associations, and how do they maintain network ties?</li> <li>j. Does being an HSCT beneficiary affect their ability to join associations or networks?</li> <li>k. What is exchanged in these networks and groups (e.g. good, services, information, moral support and favours)?</li> <li>l. What characteristics are most valued among network members (e.g. trustworthiness, reciprocity, cooperation, honesty, community respect etc.)?</li> <li>m. What were these networks, groups and associations like before the introduction and implementation of the HSCT and how did they relate to people's well-being?</li> <li>n. How are the existing social and support networks or membership associations affected by the introduction of a targeted HSCT?</li> <li>o. Are the changes to the networks positive or negative? How does the community view these changes to the networks?</li> <li>p. Which social networks, groups and membership associations have been most affected and why? (Including churches, kinship networks, contribution-based networks such as burial societies etc.).</li> <li>q. Has the HSCT led to the creation of new social networks, groups or associations? (e.g. Internal Savings and Lending [Mukando] clubs) in which non-beneficiaries are also members?</li> </ul>



62.If there was a joint community development project, or a response to a problem or crisis, to what extent do community members cooperate or collaborate with one another to solve the problem?	d. Are there any cultural, social, or community traditions/norms that affect patterns of cooperation, and collective action? e. Do non-beneficiaries participate in community activities? If no, why so? f. What about HSCT beneficiaries? If no, why so?
63.Describe recent examples of collective action that have taken place in your community/ward (or a segment of the ward).	c. Did the activities involve both HSCT beneficiaries and non-beneficiaries? d. What was the course and outcome of these activities?
64.Do social, cultural, age or gender constraints limit the participation of specific groups in community activities (e.g. women, poor people, young people, children, minorities etc.).	b. For example HSCT households are mostly generation gap households (households with very old people and young children with no productive labour could mean that such households do not participate in collective community activities) despite a willingness to do so.
65.What other kinds of constraints limit people's ability or willingness to work together?	b. For example, lack of time, lack of trust or confidence in others or outcomes, suspicions towards the initiators or mobilisers, high mobility of people (people always moving in and out of the community – i.e. they do not stay long enough to learn the community culture and norms for collective action).
66.What are the social sanctions for violating expected norms of collective action in the community?	
67.Do you think in your community (ward) people generally trust one another in matters of lending and borrowing?	c. If yes/no, why so? d. Have you come across cases of borrowing and lending between beneficiaries and non-beneficiaries? Is this a common occurrence in your community?
68.Do you think that since the introduction of the HSCT, the level of trust has got better, worse or stayed about the same?	Why?
<b>Recommendations and suggestions</b>	
69.As non-beneficiaries, are you interested in	b. If yes/no, why?

seeing the HSCT expand and continue?	
70.What would you like to see changed or introduced in the HSCT to make it better?	c. Which themes would you say your comment relate to?

## Appendix 8: Observation Guide – HSCT Payment Point

<b>OBSERVATION GUIDE: Harmonised Social Cash Transfer (HSCT) Payment Point</b>
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**Date:** .....

**Name of HSCT Payment Point:** .....

**Ward number:** .....

**District:** .....

**Observer:** .....

Good morning/afternoon (as appropriate) HSCT programme officials and beneficiaries here present.

My name is Nyasha Mayanga. I am currently doing post-graduate research towards a Doctor of Philosophy degree with the University of South Africa (UNISA). I am studying under the supervision of the Thabo Mbeki African Leadership Institute (TMALI), one of UNISA's institutes. Professor Vusi Gumede is the Head of TMALI.

I am investigating the social effects of the Harmonised Social Cash Transfer (HSCT) in selected wards in Epworth and Goromonzi districts. In addition, I am doing a social analysis of the HSCT's design and implementation features using the concept of social capital.

I am here to observe the HSCT payment process including the interactions between HSCT programme officials and beneficiaries. I am also interested in observing the social interactions between beneficiaries at this payment point. I will also randomly speak with beneficiaries and programme officials before, during and after the actual payment process.

By means of these observations and other data collection techniques, I hope to find answers to specific research questions, including contributing to improving the way these programmes are designed and work.

I seek the permission of HSCT programme officials and beneficiaries to take a few photographs of the activities and interactions at this HSCT payment point. The photographs will assist me in the construction of case studies, and recollection of events of what it looks like on an HSCT payment day.

Informed consent for observations and photography to be done.

<b>YES</b>		<b>NO</b>	
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Do you have anything you want to ask me, or I can start my observations and photography?

32. Describe the location and setting of the HSCT payment point?
  - a. Is the location familiar to cash recipients?
  - b. Is the location at a shopping centre, school or health facility?
33. What is the demographic profile of the HSCT beneficiaries present at this payment point?
34. How many HSCT beneficiaries are scheduled to be paid at this payment point?
35. How many CPC focal persons are at this payment point?
  - a. What “tools of trade” do they have (uniforms, files, payment schedule, bicycles, mobile phones)?
36. What time did the HSCT payment team (Department of Social Services and payment delivery agency Officers) arrive at the payment point?
  - a. What time were they scheduled to arrive?
  - b. How long did beneficiaries have to wait before the arrival of the payment officers?
  - c. What time did the programme officials stop making HSCT payments?
  - d. How long was the entire payment process?
37. How many HSCT payment officers are at this payment point? Are the numbers adequate?
38. Describe the set-up of the HSCT payment point?
  - a. What other services are being provided at the payment point?
  - b. Are there informal traders at the payment point? If yes, how are they conducting their business with HSCT beneficiaries?
  - c. Is there a grievance and complaints point at the cash payment station? If yes, describe how this is set up?
  - d. Observe how grievances and complaints are being handled. Ask 5 beneficiaries if they successfully logged their grievances or complaints? Check with beneficiaries if these are repeat complaints. Verify the information with programme officials without getting in to the specific details of the grievances.
39. Did the HSCT payment team do a pre-disbursement speech before the start of the payments?
  - a. Who delivered the speech and what topics or issues were covered in the pre-disbursement speech?
  - b. Did beneficiaries get a chance to ask questions? If yes, what queries were raised? Did they get satisfactory answers to their queries?

40. Assess whether there are beneficiaries with special needs and if they are getting preferential treatment at this payment point? If yes, what kind of preferential treatment?
41. Describe the actual payment process?
- a. Is the payment process a public or private affair?
  - b. What documentation is required by programme officials before beneficiaries are paid?
  - c. Do all beneficiaries have the required documentation? How many don't have?
  - d. How many beneficiaries have sent representatives to collect cash on their behalf? Are these representatives registered proxies? If they are not, are they being paid or not?
  - e. Observe if there are beneficiaries using thumb-print signatures? Are they many compared to hand-written signatures?
42. Who is assisting beneficiaries to check if they have received correct amounts of money?
43. Is there congestion at the payment point?
44. Is the process of payment quick and efficient?
45. What is the role of the HSCT CPC focal persons in the actual payment process?
46. Were the payment reconciliations done at the payment point?
- a. If yes, who was involved and what was the outcome of the reconciliation?
47. How many people were paid at this payment point?
48. How many people were not paid at this payment point, and why?
49. What is the atmosphere like at the cash payment station?
50. What is the social interaction like between HSCT beneficiaries?
- a. Are there any discernible social and traditional norms and practices at the payment point?
  - b. What is the sitting arrangement like between beneficiaries of different gender, and age while they wait for the payment team to arrive at the payment point?
  - c. Are the old and young generation socialising? What kind of issues are they discussing about?
  - d. How are beneficiaries of different genders (males and females) relating at the payment point?